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ART. I.—*The Negro—A Distinct Species.* By W. S. FORWOOD,
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TRUTH should be the great ultimatum for all the investigations of Philosophy. Prejudices imbibed in infancy and cherished through youth should be abandoned when the dawn of mature reason proves their folly.

Researches after truth should not be shocked by prevailing opinions, although those opinions have been entertained for ages; it is still our duty and our privilege to examine for ourselves into the validity of the arguments of others before adopting their conclusions as our own. It would be preposterous to assume that we were endowed by nature with the organs which constitute the faculty of reason without the inherent right to exercise that faculty in the formation of all our ideas.

The writer is aware that the subject upon which he is about to enter is surrounded with all the sanctity afforded by the capacious mantle of the church; and he who has the temerity to expose the errors within, or assert the knowledge of their existence, which he may have detected through the flaws of that garb, is always an object of enmity to those who advocate the church's infallibility.

Is it our duty to blindly submit to, and sanction by our silence, opinions of vital importance to mankind which are in direct opposition to our judgment? If it was, we would stop here. Fortunately, however, such silence is not imposed upon us. Mankind calls for the advancement of science; and though the

cherished idols of by-gone centuries should fall and be broken in its progress, still it must continue in its course.

The Scriptures inform us that all men were propagated from a common origin—that Adam and Eve were the only parents from whom all the human races that now inhabit this sphere originally proceeded. In this record of the origin of man, many have deemed it their duty to place implicit reliance as an article of faith, which should not be examined into lest doubts should arise; and, as a consequence of such doubts, eternal punishment ensue. Therefore the subject has, until within a comparatively recent period, been left entirely at rest; or only discussed for the purpose of reiterating the views of the traditional account. Happily for mankind, the spirit of inquiry is now being instituted with a fearlessness which a few centuries ago would have doomed these bold innovators to an ignominious death for the good of the church. But to civilized man the "dark ages" of superstition are being lost sight of in the past; and each posterity, progressing in the cause of truth, abandons in its turn many of the ridiculous improbabilities that have enjoyed credence for so extended a period.

In alluding to the authority we have for the identity of the origin of the human species, an erudite and celebrated French author says: "Philosophy, of which we sometimes pass the boundaries, researches of antiquity, and the spirit of discussion and criticism, have been carried so far, that several learned men have finally doubted if there ever was a Moses, and whether this man was not an imaginary being, such as were Perseus, Bacchus, Atlas, Penthesilea, Vesta, Rhea, Silvia, Isis, Sammonocodon, Fo, Mercury, Robert and the Devil, and so many other heroes of romance whose lives and prowess have been recorded."

At least such a basis (the authority spoken of), without confirmation, will not suffice for the foundation of the principles of science.

If we are left to fancy alone for a theory, our powers of imagination will as readily lead us to believe that the origins of animals were as numerous as the races now known to us, as that their existence emanated from a single stock. Indeed it is a much more probable view from the simplicity of the supposition. What incongruity is there opposing the idea that the African's parents

were as distinct from those of the European as the monkey's from the orang-outang? No one will assert that there ever existed a more immediate similarity between the two latter than at this time, and why should we believe that the two former were ever more intimately united?

The majority of the orthodox authorities agree that the world has been created something over four thousand years; and that the creation of Man took place very shortly after. The very fact of such a long period of time elapsing since the origin of the world is of itself sufficient to involve the beginning in "considerable obscurity." The many generations of men that lived and died before the general diffusion of letters, leaving no records of their time save vague and figurative traditions, and the many known impostors that have since existed, warrant the antiquary and scientific inquirer in questioning the correctness of the received accounts of Man's origin.

We hold that the historical portion of the Scriptures was merely given incidentally to the spiritual, and, in itself, having no theological bearing whatever.

All theoretical principles, theological as well as others, must yield to the positive facts of demonstrative science: and in this light we must consider the science of anthropology.

In the following pages we will examine the scientific evidence which supports the hypothesis of the original unity of the human species—we use the term *human* in connection with the negro, because, as yet, we are not prepared to affirm that he does not belong to the genus *homo*.

Dr. Carpenter¹ says: "It is a question of great scientific interest, as well as one that considerably affects the mode in which we treat the races that differ from our own—whether they are all of *one species*, that is, descended from the *same* or from *similar* parentage—or whether they are to be regarded as *distinct species*, the first parents of the several races having had the same differences among themselves, as those exhibited by their descendants.

To sustain the idea of the identity of the origin of the races, the variations which exist among the inferior classes of animals,

¹ This, as well as the subsequent extracts from the same author, is taken from his "*Human Physiology*," 4th Am. ed.

that are known to have a similar parentage, are produced as convincing argument of the relationships between the higher classes. Anomalies are cited where physical deformities are perpetuated under favorable circumstances for several generations. This is true; but it is also true that those peculiarities are the exceptions to the rule; and that they are lost when permitted to breed with other animals of the same species.

In investigating the points of variation which are observed in the races, none should be admitted to influence our conclusions except such as are *constant*.

The characteristic anatomical peculiarities between the European and African, which will be pointed out in this essay, are all drawn from the best authority; indeed, they will be taken chiefly from a lecture delivered by Professor Leidy in the University of Pennsylvania, session 1853-54.

The first obvious peculiarity of the Negro, to which our attention is directed, is the color of the skin. To this, Dr. Carpenter refutingly answers: "The color of the skin exists in the epidermis only." What is it to the purpose, or argument, *where* the coloring exists when we know that it *does* exist, and constantly?

The idea that the hue of the cuticle is dependent upon the effects of climate is, with our present knowledge on the subject, simply absurd. Dr. Dunglison, in referring to this topic, says: "Tourtelle, Loude, and others, err greatly, when they state that the negro race is not found beyond the limits of the torrid zone. On our own continent, none have ever been met with, except what have been imported, and these, after repeated descents, have *still* retained their original character; but negroes have been found in Australia, under a climate as cold as that of Washington. Were we, however, to admit this effect of climate, it would seem, that the coloration ought rather to be ascribed to the *chemical* effect of the calorific, than the luminous rays of the sun."

"Now, if these changes are developed chemically, through calorific agency, the same results would follow from the application of artificial heat; and it would be in our power at any time to produce a negro, after a slight roasting, from the white species."¹

¹ Hygiène, p. 79, 1st edition.

² See an article in Harper's Magazine, for Oct. 1856, entitled "Cooking of Men," where this idea is ridiculed.

The hair (or wool) next engages our attention. Dr. Carpenter considers this substance as, "perhaps, one of the most prominent characteristics of different races." Yet he says, the same statements in regard to the color of the skin (climate, &c.), may be applied to the color of the hair; and that its "texture affords no valid ground for distinction." And, also, the supposition of its being wool "is altogether a mistake;" "for," he adds, "microscopic examination clearly demonstrates that the hair of the Negro has exactly the same structure with that of the European; and that it does not bear any resemblance to wool, save in its crispness and its tendency to curl." More recent microscopic inquirers do not subscribe to the assertions of Dr. C. Dr. Leidy, in alluding to the curled and crisped nature of the hair says, also, that it is *oval* in section, while the white is *circular*. An interesting judicial case was not long since (Nov. 1854), before a South Carolina court at Columbia. A girl, who had for a number of years been held in bondage as a negro, was suspicioned by some parties to be an Indian. "The most striking testimony adduced in the case," says the reporter, "was that by our distinguished, talented, and scientific townsman, Dr. R. D. Gibbes." After pointing out in a very satisfactory manner to the court many discriminating peculiarities of the races, Dr. Gibbes gave a statement of his microscopical observations on the hair; the negro's, he said, when transversely divided, "was eccentrically elliptical, with flattened edges," and, "that it was *not hair, but wool*, and capable of being *felled*; that the coloring matter of true hair was in an internal tube, while in the negro it was in the epidermis or scales covering the shaft of the hair."

This is a very important fact not noticed by Dr. Carpenter. Dr. Gibbes also stated that, "in the mulatto cross the hair of one or the other parent was present, and sometimes the hairs of both, but never a mongrel hair." The opinions of Dr. Gibbes would certainly justify physiologists in instituting further inquiries into this important subject of dispute.

Proceeding with the subject, Dr. Leidy tells us that the negro possesses a "smaller cranium and thicker bones." This is not noticed by Dr. Carpenter in his description of the prognathous skull. Again, Dr. L. says: "The facial angle is less; smaller nasal bones; larger nares, smooth border, and projecting teeth." Dr.

Carpenter admits that the facial angle, measured according to the method of Camper, is less than that of the white race; but refers the discrepancy to the shape of the upper jaw. Such an explanation is, in a measure, a correct one; but it by no means alters the position assumed that the said angle *is* less, and *is always* so. It is not our intention to inquire *why* particular structural conformities do exist, but to show their existence. A less objectionable mode of measurement, we conceive, would be to let fall a perpendicular from the summit of the skull which would bisect the meatus auditorius, and then calculate the relative amount of brain, or skull, anterior and posterior. The proportionate posterior development in the Negro will be found largely in the preponderance.

Dr. Carpenter puts down the facial angle of the European at 80° ; that of the Negro as 70° ; that of the adult Chimpanzee at 35° , and that of the Orang at 30° . It should not be forgotten that some writers have estimated the facial angle of the higher Apes at from 60° to 64° .

The difference, as given above, between the Chimpanzee and Negro, is certainly considerable; but as we know that the Chimpanzee race is now nearly, if not entirely extinct, is it not a probable supposition, in accounting for the chasm, that another race between the Chimpanzee and the Negro formerly existed? The writer is of the opinion, however, that the present connection between the Negro and the lower order of animals, approximates sufficiently to prove that their relationship is very intimate.

The fact, as asserted by Dr. Leidy, "that the pelvis of the Negro is narrower, limbs longer relatively to the body, longer foot, and shorter toes," goes far to support the theory of connection with the lower classes.

Dr. Carpenter denies that the foramen magnum in the Negro, as stated by some, is decidedly behind the position which it holds in the European. We have Dr. Leidy's authority to the contrary; which fact, when we consider that the neck is also shorter, is very strong argument in favor of his near approach to the Apes.

There is a peculiarity about the os calcis of the Negro which is mentioned by the last named gentleman. He says, "it is smaller, longer, and has a greater vertical diameter of its posterior articular surface." He also states that, "there is a greater

tendency inward of the sole of the foot—the shoe being generally worn on the outer part. The foot has no arch, but is filled up with a pad of fat.¹ The calf is thin and inconspicuous, the thighs flat, belly protuberant, larger genitalia, no prepuce,² smaller infant. Also, relatively smaller brain. The cerebrum has fewer and larger convolutions. There are fewer hairs on the surface; and (important to observe) greater development of the *odoriferous glands*.

Thus we have summed up by Dr. Leidy, the many variations which are known to exist uniformly between the European and African.

With reference to the length of the bones, Dr. Carpenter says: "It has been generally believed that the length of the forearm in the Negro is so much greater than that of the European, as to constitute a real character of approximation to the Apes. The difference, however, is in reality extremely slight." He thus acknowledges that there is a difference, and that fact is all we desire to show in this case.

"Dr. Scemmering has shown that the stomach of the Negro is different from that of the European, being of a more rounded form, approaching that of the Ape."³

In illustration of the extent to which prejudice may lead even the most reliable authors, we have but to refer to the following passage in Dr. Carpenter's valuable work: "It is well known," he says, "that not only do all the races of Men breed with each other, but the *mixed* race is generally *superior* in physical development, and in tendency to rapid multiplication, to either of the parent stocks."

That such an error should proceed from such authority is truly unaccountable. To prove that the contrary is true, scientific examination is wholly uncalled for; for the most careless observer will unhesitatingly tell you that the hybrid, or mixed race (we

¹ Dr. Carpenter says: "The arched form of the foot, and the natural contact of the os calcis with the ground, are peculiar to Man alone. All the Apes have the os calcis smaller, straight, and more or less raised from the ground, which they touch, when standing erect, with the *outer side* only of the foot."

² The writer's observations have not confirmed this last assertion; but the Negroes raised in this country may differ in this respect from the primitive African.

³ Ticknor's Medical Philosophy, p. 43.

mean of the European and the Negro), not only possesses a weaker and more delicate constitution, but as regards longevity, they rarely ever reach the average age of either of the parent races. In relation to their rapid multiplication our inquiries are not so extended, but we think we may with confidence affirm that the reproduction of the mulatto does not exceed in numbers that of either the white or the black race—we doubt that they equal.

Physiologists unite in assuring us that the primitive characteristics of animals are changed by domestication; and they admit that the modification produced under such circumstances constitutes an artificial or unnatural condition; and also, that when freed from the influences which govern their altered nature, and permitted to enjoy their original liberty in their haunts, remote from the dwellings of man, they again assume those distinguishing characters which discriminate their race.

We are told by the philanthropist of the wonderful mutations that are exerted over the morals and habits of the barbarous African by civilization; and physiologists inform us, that when the negro is removed from the congenial clime of his species, and adopted in the homes of the European, a remarkable approximation to the latter, both as regards physical and mental elevation, ensues; and this point they advance as a proof of close connection between the species. The groundlessness of such a position is at once evident to the impartial inquirer. The same rule that governs the brute creation in a state of domestication will apply here in every particular—that is, it is a departure from nature that could not have taken place except through the agency of another species; and under favorable circumstances, such as are designated by the laws of the Universe, the Negro, in common with other animals, will return to his primitive life again.

It is truly surprising what paradoxes the human mind, when influenced by interest, or swayed by enthusiasm, can reconcile itself to. They tell us that, to tear the African from his native shores, where, ignorant of the superfluities of civilized life, he was happy, and place him in a more unfriendly clime, to be educated by a different race, is his natural position! O, consistency, thou art a jewel indeed!

The ancient Egyptian sculptures, which are to be seen at the present day, prove with undeniable authenticity the remarkable

resemblance between the present and the past generations of the African race. A celebrated modern traveller, in his description of the Negro and Egyptian sculptures, deduces therefrom the following reflections:—

“In fact, I see no reason whatever to doubt that the peculiar characteristics of the different races of men were as strongly marked in the days of Remeses as at present. This is an interesting fact in discussing the question of the unity of the origin of the race. Admitting the different races of men to have had originally one origin, the date of the first appearance of man on the earth must have been nearer *fifty thousand* than five thousand years ago. If climate, customs, and the like, have been the only agents in producing that variety of race, which we find so strongly marked nearly four thousand years ago, surely those agents must have been at work for a vastly longer period than that usually accepted as the age of man.”¹

Those who advocate the beautiful doctrine of the *improvability* of the negro, must be startled and discouraged by the revelations unfolded in the foregoing quotation.

Continuing our reflections, we would again ask if the color of the negro's skin has ever been changed, when unmixed with the other species, or untainted by disease, in any country or in any latitude of the earth? We answer, No. Has the flat nose acquired prominence by the centuries of cultivation? Have the thick lips become thin? or the small and grovelling brain large and intellectual? Again, we answer No. A chance exception may be pointed to as opposing our conclusion, but they do not invalidate the rule; and those rare exceptions will be found to belong to a more or less remotely mixed race.

Again: If the Ape, Chimpanzee, and Orang, all of which resemble each other so closely, are acknowledged to be distinct species, is it not a most natural and reasonable conclusion for us to hold that the European and African, so widely differing in appearance and habits, likewise occupy a separate position in the scale of zoology?

Dr. S. B. Silver, of Maryland, has informed the writer that, from extensive observations made by himself on the negro, he

¹ Bayard Taylor's "Journey to Central Africa," p. 493.

has ascertained that he cannot support the effects of active medicines with the same degree of impunity that is manifested by the white race; he will not bear depletion to the same extent; and under a reduced amount of alimentation is soon, and, if not guardedly watched, fatally prostrated. This fact should be borne in mind by the young practitioner, or his credit may severely suffer in the acquirement of such experience. The physiologist should also look upon it as another of the many points of demarcation known to exist between the white and the black species.

Lastly, we will offer a few remarks upon the mental character of the Negro. On this subject little need be said. There is a class of fanatics, however, occupying the northern portion of our Union, who have agitated much, of late, the question of negro equality. They call him a brother, who, by long wanderings on the deserts of Africa, had assumed a darker hue of surface, but still he was essentially a brother, in all the ties and sympathies by which human hearts are bound together.

The few who advocate by practice the theoretical principles of the many, may reasonably be presumed to resemble closely in grade of intellect the unenviable character of the beings to whose level they debase themselves—debase themselves to prove that there exists a mental equality!

All unprejudiced men of learning and observation unhesitatingly assert that the Negro is vastly inferior in psychological development to the lowest estimate of the European average; and of the little advance they have made, since the earliest records, we have already spoken. And it is the opinion of the writer, that after the elapse of another thousand years, the race will occupy exactly the same position, both as regards mental and physical characteristics that it now holds.

It is not our object or desire to depreciate the true character of the negro; or, in our estimates, to lower his just standard to the level of the inferior animals, but it is our belief, and has been our purpose to show, that he at least approximates as close, in structural peculiarities and instinctive propensities, in his primitive or natural state, to the Orang as to the European; and is, consequently, entitled to the classification of a *distinct species*.

ART. II.—*Translations from Foreign Journals.* By CH. F. J.

LEHLBACH, M. D., Newark, N. J.

JULES ROCHARD concludes a treatise "*On the influence of sea voyages and the residence in warm countries upon the course of pulmonary phthisis*" by the following propositions: 1. Sea voyages hasten the development of pulmonary tuberculosis much more frequently, than the contrary. 2. Pulmonary tuberculosis is more frequent in the navy, than in the army. 3. With rare exceptions, phthisis progresses more rapidly on shipboard than on land. 4. Young men, predisposed to tuberculosis, should not be admitted into the navy. 5. In tuberculous persons sea voyages are only advantageous, if they live on board under *special dietetic* relations, and if they are enabled to change climate and locality according to the seasons of the year and atmospheric conditions; all this is easier accomplished on land. 6. Hot countries generally exercise a deleterious influence upon the course of tuberculosis, and accelerate it. 7. This is especially true of tropical countries. 8. Even warm countries beyond the tropics are injurious to the majority of tuberculous persons. But few localities are exceptions to this rule, by virtue of their local relations. Residence in such localities protects the patient from acute affections of the respiratory organs, which is a great desideratum in the first stage of phthisis. (*Gaz. Méd. de Paris, Médic. Neuigk.*)

Bromine and bromate of potash, in the treatment of pseudo-membranous affections, is highly spoken of in the *Journal des Connaiss. Méd.*, 1856. A series of cases is adduced which we give in a short extract: 1. A child, aged five years, suffered from a severe angina; cauterization with nitrate of silver and hydrochloric acid proved insufficient; on the 16th day croup symptoms were added; under the use of bromine the child recovered in six days. 2. A young man, æt. 26, was attacked with malignant angina; argenti nitrici had been used but without success; several paroxysms of suffocation had already occurred. On the 5th day of his sickness bromine was used, a marked amelioration took place on the next day, and on the 14th day he was reconvalescent. 3. A girl, æt. 9 years, was treated with bromine on the second day of an attack of angina; on the fifth day she was reconvalescent.

lescent. 4. A woman, æt. 30 years, who after confinement was taken sick with puerperal mania and angina, was very rapidly restored by bromine. 5. A case of angina, in a man, aged 32, complicated with gangrene of the mucous membrane of the mouth, terminated in recovery under the use of bromine. 6. The same result was obtained in a young woman æt. 21, who was attacked with scarlet fever and gangrenous sore throat. 7. Similar favorable results were obtained in several cases of croup. (*Medic. Neuigk.*)

The Effects of Caféin upon the Animal System.—Dr. Stuhlmann, of Friedewald, has performed many experiments with this substance upon animals, and comes to the following conclusions: Caféin is a *poison* and not a nutrient, as Liebig has asserted. 2. Caféin applied to such parts of the body, most proper, produces the death of various animals in relatively small doses. 3. This substance acts as a poison, not by decomposing the blood, but by causing paralysis, when it comes in contact with the nervous system. 4. The symptoms and phenomena, which caféin produces in animals, differ according to the dose, the mode of its administration or application, and the impressibility of the animals experimented upon. (We expect shortly to hear one of the moralizing, anathematizing, fulminating and reverberating sermons of Dr. Dixon's "scalpel" on this subject. Meanwhile, we shall continue to take our regular sip.—*Transl.*) (*Ibid.*)

Sudden Death from Rupture of the Spleen.—A case of this kind (one of the rarities in medical practice) occurring during a paroxysm of intermittent fever, is related by Dr. Roser in the *Wiener Medic. Wochensch.* "J. B., aged 42 years, a well digger, strong built, never sick since childhood, had been attacked for the first time two years ago with intermittent fever, which did not yield to the usual remedy, pepper in brandy, which arrested the disease. The cold stages in these attacks are said to have been exceedingly violent, the aid of several men being sometimes required to prevent his falling out of bed. Toward the end of September, 1856, after he had been occupied for some time in cleaning a deep pond in a marshy district, he was again seized with the intermittent, accompanied by vomiting, etc., and violent stretching pains in the left side. The cold stage generally lasted from 6–8 hours. On the 25th of the next month (October), during a violent paroxysm, he suddenly tumbled out of the bed, uttered

a shriek, sustained himself for a few moments upon his feet, then sank on the floor and expired. I found marked pallor and coldness of the whole body, and enormous distension of the abdomen. Only upon the most urgent requests, I was permitted to open the abdominal cavity, 36 hours after death. On opening the abdomen, a mass of dark, thickish blood welled forth, which amounted probably to 4-5 pounds. The spleen was ruptured almost in its middle, and the lower portion hanging down somewhat, though not completely separated. After being washed off, it weighed 1 pound $12\frac{1}{2}$ ounces; its length was $9\frac{1}{2}$, its breadth $4\frac{1}{2}$ inches; its thickness could not be exactly determined on account of softening. The liver and the rest of the abdominal organs, were, strange to say, normal, the gall-bladder empty. Examination of thorax and brain was not permitted. (*Medic. Neuigk.*)

In connection with this case the translator thinks it not out of place to mention *A Case of Pernicious Intermittent Fever*.—On April, 1856, I made in conjunction with Dr. G. S. Ward, of this city, a *post-mortem* examination of the body of Ellen Gilroy, aged 5 years. Up to August, 1855, she had been a very healthy child. At that time her parents removed into a very malarious portion of one of our suburbs, where they have lived since. About 3-5 months ago Ellen had suffered from an active attack of intermittent. Her mother procured her some quinine, which broke up the fever. On Sunday, April 13th, she was again seized with a chill and subsequent fever. On Monday she was well. Tuesday morning at about $9\frac{1}{2}$ o'clock, after she had been playing with other children in the street, she was again seized with a chill and went to bed. After a little while (20-30 minutes) her mother, engaged about the room, heard a feeble moan, and found her lying on the face. In a few moments the child, apparently unconscious, expired.

Obduction, 6 hours P.M.; marble-whiteness over the face and body, lips livid; no suffusion of eyes or face, no foam at the mouth or nose. *Abdomen*: great engorgement of all abdominal viscera, especially the *spleen* and liver. The former weighed 14 ounces, its longitudinal diameter was $6\frac{1}{2}$ inches; transversely it measured 4 inches, was rather more friable than usual. No structural change of any organ could be observed. *Thoracic cavity*: Organs normal. *Brain*: examination not permitted.

ART. III.—*A Case of Hepatitis.* By S. C. THORNTON, Jr., M. D.
Moorestown, N. J.

J. S. was taken sick on Feb. 3d, 1857. He previously had been a stout, healthy, and active child. His age twelve years. The symptoms, during the first week of his sickness, were those common to the remittent fever of children; no abdominal pain was complained of, nor none caused by pressure.

After the first week or ten days, he apparently was convalescing, in every respect, and I consequently omitted visiting him, for three or four days, until again requested to do so by his family.

He now complained of severe pain, which kept him continually moaning; pressure upon any part of the abdominal surface caused severe pain, no one part of which was less tender than another.

He retched frequently; throwing off his stomach a green bilious fluid, in quantities of a small wineglassful every two or three hours.

Pulse small, quick, and 110 to 120.

Alvine dejections could not be procured without giving enormous doses of purgatives, almost ad infinitum—the medicines very generally, were retained by stomach, and the dejections were always bilious.

The decubitus was the *only* symptom we were able to diagnose as indicating probably the existence of a hepatic affection. During the last two weeks only, he lay with his body curved to the right side.

From the time I resumed my visits to the time of his death, the symptoms grew gradually worse, his pulse became quicker and more frequent, the tympanitic state of the bowels was much increased, the pain, which usually returned at intervals of ten or fifteen minutes, grew more and more severe, he frequently wishing himself dead, that he might be rid of his sufferings, and finally the emaciation became extreme.

The treatment of this case, at first, was an antiphlogistic one, but not to the extent it would have been had it been possible to have formed a correct diagnosis.

The indications during the latter part of his sickness, were to prevent a costive state of the bowels, to alleviate the pain, and support his strength—all of which we endeavored to fulfil.

Died March 26, 1857.

Sec. cadav. thirty-six hours after death.—Found the peritoneum highly inflamed. I suppose that the inflammation extended itself from that of the peritoneum investing the liver.¹ The liver was considerably enlarged. Its whole lower surface formed the lower wall of an abscess, which occupied its whole interior structure, and which was so tender that it was impossible to avoid breaking it and preventing the escape of the pus, when removing it from the body. Upon the upper surface of the right lobe were three yellow spots, surrounded by a broad purple margin; these were of the size of a silver dollar, and one of the same kind was also found upon the upper surface of the left lobe, all of which were occasioned by the near approximation of the pus to the upper surface.

¹ For previous to death there had been no escape of pus into the peritoneal cavity.

BIBLIOGRAPHICAL NOTICES.

ART. IV.—*The Physiological Anatomy and Physiology of Man.* By ROBT BENTLEY TODD, M. D., F. R. S., &c. &c., and WM. BOWMAN, F. R. S., &c. &c.—*Late Professors of Physiology and General and Morbid Anatomy in King's College, London.* Complete in one volume, with 298 Illustrations. Pp. 926. Philadelphia: Blanchard and Lea, 1857. Price \$4.50.

THIS work was commenced in 1843, the authors who were at that time professors in King's College, London, intending that it should serve as a text-book for their Lectures on General Anatomy and Physiology. It has been the aim of the authors to give Anatomy a greater degree of prominence than has been usual in Physiological works, and to rest their anatomical descriptions as far as possible on their own investigations. The science of Physiology has, however, advanced with such rapid strides during the last fifteen years—much of it undoubtedly due to the labors of the authors of the work before us—that repeated, and unlooked-for investigations were called for, which, with other causes, have delayed the appearance of the work till now.

This is now, without doubt, the most complete work on Physiology in the English language. It requires no introduction to the public, as large portions of it have been published for some years, and the profession has been impatiently awaiting the publication of the whole. The authors occupy the front rank among original investigators into the physiology of man, and will be looked up to as authorities for all time on established doctrines; and in all points, until further investigation establishes certain unsettled points in this branch of medical science.

The profession of this country are under obligations to the proprietors of the *Medical News and Library*, for giving them the work through that publication, as fast as it has issued from the English press.

In this elaborate work, the profession possess an inexhaustible mine of knowledge, and it but remains for them to delve in the mine with all diligence, for it contains untold treasures to the weal of the human race. To be an intelligent and useful practitioner of the healing art, one must be well versed in Anatomy and Physiology, and in the relation of these sciences to each other. In their efforts to attain this important knowledge, our readers will find the work before us an invaluable aid.

ART. V.—*An Exposition of the Signs and Symptoms of Pregnancy, with some other Papers on subjects connected with Midwifery.* By W. F. MONTGOMERY, A. M., M. D., M. R. I. A., Prof. of Midwifery in the King and Queen's College of Physicians in Ireland, &c. &c. From the second London edition. Pp. 568. Philadelphia: Blanchard and Lea, 1857.

WE know of no book that has issued from the medical press for many years, which so emphatically supplies a necessity as this does. The inquir-

ing student has here in one handsome and well written volume, facts, often of the utmost consequence to be known, which, heretofore, he has been obliged to search through a library to find. There is scarcely any subject which often adds to its own inherent interest, circumstances of so much importance to the peace and happiness of families, as questions connected with the signs and symptoms of pregnancy, and we can truly say, after a careful examination of Dr. Montgomery's work, that he has succeeded in producing one which not only fills a hiatus in medical literature, but which leaves scarcely anything to desire, and which reflects great credit on medical literature.

Although this is announced as a reprint from a second London edition, the first edition of the work was one of far less scope and importance, so much inferior, indeed, to the one before us, that the latter might well be regarded as an entirely new work.

Anxious to obtain, if possible, accurate, and more numerous data in illustration of certain points connected with his subject, the author addressed letters to medical men residing, not only in Ireland, but also in England, Scotland, France, Germany, Norway, Denmark, Sweden, and America, thus adding the observations of many modern physicians to his own. One thing we observe with satisfaction, viz: our author, unlike too many foreign writers, does ample justice to cisatlantic observers, and the names of Dewees, Tucker, Beck, Rowlett, Bedford, Dalton, Kane, and others, are often quoted on points under discussion. To those who have sympathized in the recent loss of the intrepid navigator, Dr. E. K. Kane, it will be interesting to know that his observations on kyestein are extensively quoted by Dr. Montgomery.

The supplemental essays in this work are on The Period of Human Gestation; On the Signs of Delivery, and On the Spontaneous Amputation of the Fœtal Limbs in Utero, and some other Pathological Lesions, to which the Child is liable before Birth.

We cannot close this brief notice without expressing our satisfaction with the index of the work, which is unusually full and satisfactory. Nor would we do justice to our feelings, did we not express our sense of the obligation due from the profession to the publishers for bringing out this work so promptly on its appearance in London. Our readers will find it one of the most important works that have been offered them for many years.

ART. VI.—*Clinical Lectures on Certain Diseases of the Urinary Organs, and on Dropsies.* By ROBERT BENTLEY TODD, M. D., F. R. S., Physician to King's College Hospital. Pp. 283. Philadelphia; Blanchard and Lea, 1857.

IN the author of these lectures, our readers will recognize one of the authors of *Todd and Bowman's Physiological Anatomy* noticed above. Nothing need therefore be said of his physiological attainments as fitting him for the task of writing a book on urinary diseases; and his position as physician to

King's College Hospital, together with his other publications are a sufficient guarantee that his pathological and therapeutical attainments are such as to justify him in undertaking such a work. Nor will the reader be disappointed, for the lectures give evidence of the ability of the author to treat of the subjects he has taken in hand.

The diseases specially treated of are Hæmaturia; those diseases of the kidney with which are associated an Albuminous condition of the Urine, and Dropsy; Dropsy after Scarlet Fever; Acute Renal Dropsy; Cardiac Dropsy; Ascites; the Gouty Kidney; Pus in the Urine; Gout of the Bladder; and, finally, Gout.

Each subject is fully illustrated by numerous cases drawn from the wards of King's College Hospital, and if there should seem to be a want of system in the treatment of the several subjects, it is occasioned by the fact that the lecturer availed himself of such cases as presented themselves from time to time. Although there is a full table of contents, we think that the addition of an index would have been a decided improvement. Our readers will find the work a valuable addition to the literature of diseases of the urinary organs.

ART. VII.—*The Physician's Pocket Dose and Symptom Book, containing the Doses and Uses of all the Principal articles of the Materia Medica and chief Official Preparations; also Tables of Weights and Measures, Poisons and Antidotes, Symptomatology, Rules to proportion the Doses of Medicines, Abbreviations, Dietetic Preparations, and Outlines of General Pathology and Therapeutics.* By JOSEPH H. WYTHES, A. M., M. D., author of "The Microscopist," &c. &c. Second Edition. Pp. 230, 12mo. Philadelphia: Lindsay and Blakiston, 1857.

WE have had occasion to notice this little work before. The title page sufficiently indicates its object. This edition has been revised and improved. The work certainly contains a great deal in a small compass, much of which is useful, but when a physician carries a dose and symptom book in his pocket to refresh his memory at the bedside of his patient, it will be by no advice of ours. The head is the proper place for such knowledge. It is evident, however, by a reference to the title page, that aside from this feature of the work there are others that render it a very useful office companion, at least.

* * * We never made any pretension to an extra amount of grammatical accuracy, and are painfully aware that a close observer might find food for criticism in our pages; yet we are not prepared to plead guilty to such serious lapses into prosodical and syntactical errors, as to justify medical publishing houses in showering down upon us "First Lines" and "Institutes of English Grammar," with "Helps to Read," "to Write" and "to Talk!" We have no objection to receiving any decent book that is sent us, but publishers must excuse us from noticing, except in extreme cases, any work that has not a bearing upon medicine or the collateral sciences.

EDITORIAL.

A DISPENSATION!

WE wish our contemporaries to understand that whatever is published in the pages of the REPORTER is for the benefit of the profession. We claim no copyright protection for anything that sees print from our pen, or through our influence by this channel, and are always happy when exchanges find anything in our pages which they deem of sufficient value to copy—*provided only*, that due credit is given us for whatever is copied. We have had reason to complain, not so much that *no* credit is given for articles copied from our pages, but that it is given to foreign journals, or to some of our excellent American contemporaries.

We trust therefore that none of our exchanges will abstain from copying anything from our pages under the apprehension that because we pay for what they may desire to copy, we should have the sole benefit of it, for, we repeat, we claim no such exception in our favor. These remarks are called forth by an expression in one of our most valuable exchanges, from which we would gladly transfer pages of matter to our own if we had the room.

MEDICAL SCHOOLS IN THE UNITED STATES.

We have been at considerable pains to compile a correct list of the medical institutions in the United States, together with such statistics connected with them as may be of interest to our readers, including the number of matriculants and graduates at their last sessions, and the proportion of the latter to the former.

We believe that the names of all these institutions will be found in the table below, unless there is still a school in existence at Woodstock, Vermont, and one at Savannah, Ga. Proposals were issued for a school at the latter place, but we are not aware whether it ever went into operation. If our table is a correct one, there are therefore forty medical schools in the United States,

but our statistics are as yet too incomplete to enable us to give the number of professors, students and graduates in all of them. We may, in a future number, republish the table amended, and we solicit from those interested such facts as we need.

We should suppose that, with the exception of California—where a medical school will probably be started soon—that these institutions would be able to supply all the demand for doctors for some time to come, but the probability is that the need of additional schools will be discovered to exist in several localities ere long.

There are serious evils connected with so much competition in medical instruction, which nothing is likely to correct but radical measures of reform on the part of our National Medical Association, which we propose to advert to and advocate, hereafter. There is too much democracy in our schools. We very much need two or three *Universities* worthy of the name, and some of the institutions that are now dignified with the name of college with power to grant diplomas, ought to find their level as simply preparatory, or academical medical schools.

It would be a grand idea to have a University, liberally endowed, in which the course of instruction would include, not simply the ordinary branches of a medical education, but where *all* the collateral sciences would be taught in a course of instruction lasting through several years. Such an institution should embrace extensive hospital accommodations under its own control, in which medical students should be carefully trained for the responsible duties to which they are called.


Cannot Philadelphia turn one of her medical schools into such a University? If she should, that city would be a place of more general resort for medical students from all nations, than it is now.


Name of School.	No. of Session.	Length of Session.	No. of Professors.	Date of last Commencement.	No. of Matriculants.	No. of Graduates.	Proportion.	Name of Dean.
Medical School of Maine, Brunswick.		3 ¹ mos	6					P. Cleaveland, M. D.
Dartmouth, New Hampshire.						12		
Massachusetts Medical College, Boston.		4	9	Mar. 11, 1857		17		D. Humphreys Storer, M. D.
Berkshire Medical Institute, Pittsfield, Mass.		4	6	Dec. 1856	63			
University of Vermont, Burlington.*	3d	4	8		41	10	1 in 4	S. W. Thayer, Jr. M. D.
Yale College, New Haven, Connecticut.		4	6	Jan. 15, 1857		11		Charles Hooker, M. D.
College of Physicians and Surgeons, New York.	30th	5	7	Mar. 12, 1857		37		Robt Watts, M. D.
University, New York.		4 ¹	6	" 4, "	313	112	1 in 2.5	John W. Draper, M. D.
New York Medical College, New York.		4 ¹	8	" 5, "	106	31	1 in 3.4	R. Ogden Doremus, M. D.
Medical College, Albany, New York.†		4	8					J. V. P. Quackenbush, M. D.
Medical College, Geneva, New York.		4	6					J. Fowler, M. D.
University of Buffalo, New York.		4	8	Feb. 23, 1857		15		Thos. F. Rochester, M. D.
University of Pennsylvania, Philadelphia, Pa.	91st	5	7	Mar. 28, 1857	454	149	1 in 3	R. E. Rogers, M. D.
Jefferson, Philadelphia, Pennsylvania.		4 ¹	7	Mar. 7, 1857	488	212	1 in 2.3	R. Dunglison, M. D.
Pennsylvania Medical College, Philadelphia, Pa.		4 ¹	7			55		John J. Reese, M. D.
Philada. College of Medicine, Pa.		4 ¹	7		60	15	1 in 4	B. H. Rand, M. D.
University of Maryland, Balt.								
National Medical College, Washington, D. C.	35th	4 ¹	6					T. Miller, M. D.
University of Va., Charlottesville.		6						
Medical College of Virginia, Richmond.	3d	5	7			23		L. S. Joyner, M. D.
Winchester, Virginia.								
Medical College of South Carolina, Charleston.		4	7		234			Henry R. Frost, M. D.
Medical College of Georgia, Augusta.			5		160	55	1 in 2.9	J. P. Garvin, M. D.
Medical College of Atlanta, Georgia.	3d	4	7		105	40	1 in 2.6	J. G. Westmoreland, M. D.
University of Louisiana, New Orleans.		4	7					
School of Medicine, New Orleans, Louisiana.	1st	5	9		67			Thos. Hunt, M. D.
University of Nashville, Tennessee.	6th	4	7	Feb. 28, 1857	419	137	1 in 3	E. D. Fenner, M. D.
Medical College, Memphis, Tenn.		4	7					Paul F. Eve, M. D.
University of Louisville, Kentucky.	20th	4	7			50		L. Shanks, M. D.
Transylvania University, Lexington, Kentucky.	40th	4	7					B. R. Palmer, M. D.
St. Louis Medical College, St. Louis, Missouri.		4	8	Feb. 28, 1857	44			Robt. Peter, M. D.
Mo. Med. College, St. Louis, Mo.		4	7	" 28, "	31			Charles A. Pope, M. D.
University of Iowa, Keokuk.		4	6	" "				
Rush Med. College, Chicago, Ill.		4	7	" 18, "	149	41	1 in 3.6	J. R. Allen, M. D.
Med. College of Ohio, Cincinnati.†	37th	4	8	" 17, "		31		N. S. Davis, M. D.
Miami Medical College, Cincinnati, Ohio.		4	8	" 19, "		31		Geo. Mendenhall, M. D.
Cincinnati Med. Coll., Cincinnati, Ohio.				" 14, "		5		— Baker.
Starling Med. Coll., Columbus, O.		5	6	Mar. 3, "		18		John Dawson.
Cleveland " "					72	21		
University of Mich., Ann Arbor.†	6th	6	7	" 26, "	168	27	1 in 6.2	C. L. Ford, M. D.

* Summer session.

† Two sessions a year.

‡ Tuition Free to Students.

 Dr. Forwood's article on the Negro, in our present number, will attract the notice of our readers. The question discussed by Dr. F. is attracting considerable attention, and we trust that some one will carry on the discussion on the other side of the question. We must defer comment of our own to another time.

 Letters intended for us are sometimes misdirected, by those not familiar with our address, and sent to some of the larger cities of the state, as Newark, Trenton, or Jersey City. Will our friends in those cities, if such letters are advertised, have the kindness to see that they are forwarded to their proper destination?

EDITORIAL CORRESPONDENCE.

A VESICAL QUARRY.

NEW YORK, April, 1857.

MR. EDITOR: A case of rare interest in the Lithotomy line has occurred since my last in the New York Hospital. A highly respectable looking man, 61 years of age, found himself about six years ago, voiding small calculi from the urethra. He passed more or less of them every day for four months, the bulk of them amounting in that time, as he estimates, to one pint. They then ceased to appear, and he soon began to experience the symptoms of urinary calculus, pain, inability to retain urine, &c. &c., which increased until the period of his admission into the hospital. The sound now readily detected a stone, apparently deeply located in the bas fond of the bladder, but so involved as to render it doubtful, together with some undefined and obscure difficulty about the membranous portion of the urethra, whether lithotripsy, which was the preferred operation, could be successfully performed. It was finally determined to enter the bladder by the ordinary lateral operation—a wise conclusion as it turned out—for before leaving the table the old gentleman was relieved of twenty-one separate calculi, four or five of which were of the size of the largest hickory nut, and the remainder varied from that to the bulk of half a pea. The entire weight was about four ounces. The patient has since been critically situated, in consequence of sloughing of the scrotum from urinary infiltration, but hopes of his eventual recovery are, however, strongly entertained.

THE YELLOW FEVER OF 1856.

Your little spunky State of New Jersey is almost as deeply concerned in the diseases visiting at our quarantine station, as in the Empire State itself, and it will doubtless interest you to know something of the visitation of yellow fever of last year, the entire and official details of which are now before me, in the full and masterly report made to our Legislature by Dr. Elisha Harris, Physician of the Marine Hospital.

With almost incredible labor of research, Dr. Harris has given the name and locality, not only of every vessel arriving at quarantine on which yellow fever occurred, but also of every case which occurred on the different points of land between the Narrows and New York City, including several on the New Jersey shore. "The list of infected vessels and vessels from infected ports, with cases of yellow fever during the voyage, in port, and on arrival," numbers 79 in all, with all the necessary particulars respecting the cargo, the number of cases on each, and the results. The total number of well authenticated cases occurring in the various localities in the vicinity of New York, as ascertained by the most rigid investigation, was *five hundred and thirty eight*, of whom more than one-third died of black vomit. Many other cases are believed to have occurred in Brooklyn, Jersey City, and perhaps in New York, of which no record sufficiently authentic for publication could be obtained.

In the list of victims are 33 of the residents of the Marine Hospital grounds, with a description of the particular mode of exposure of each; 33 of the inhabitants of the villages adjacent to the institution were also attacked, eleven of whom died; the particulars of all of whom are given: 147 cases occurred on the Long Island shore of the bay at Fort Hamilton, Gowanus, and Bay Ridge, and *all of them within one hundred yards of the water*: 31 of these occurred in the garrison at Fort Hamilton, and 64 cases on Governor's Island, all of which were in the immediate vicinity of the South Battery, which is the nearest and most exposed to the main direction of the malarious current. Fifty cases were admitted to the hospital from the city of New York, all but a very few of whom were traceable directly either to infected vessels, or localities which had previously become infected from the vessels, or from *fomites*. The few exceptions allowed to afford *no proof* whatever that they derived the disease from any other sources, and all of them were of that class who frequent the wharves and vessels.

This report, in addition to these copious tabulations, and the abundant particularization of the cases and localities (in which it is probably unsurpassed in minuteness and authenticity by any similar record), is embellished by a large map of the entire district, on which are designated by figures the precise spot occupied by each of the infected vessels, and on which every part of the shore which was touched by the miasm is recognized by its yellow color.

With regard to the causes and mode of propagation, Dr. Harris expresses his opinion very clearly. 1. The presence of unusual numbers of vessels

from southern ports laden more or less with the infection, communicating the disease to those who visited them. 2. *The tides*, which have great force as they sweep through the Narrows, and by which materials are conveyed with great facility and certainty towards the Jersey shore, as well as up the North and East Rivers, while the receding tide returns those materials which do not find lodgement above, back towards the Narrows, and towards Newark Bay, Yellow Hook, Fort Hamilton, &c. "There can be no doubt that the most active cause of the pestilence, which more than decimated the entire population of the waterside * * * was from the accumulation of infected materials floated from the vessels in quarantine."

3. *The Meteorological Phenomena of the Season.* From the register kept at Fort Hamilton, the striking fact is shown, that between the 21st and 30th of July, "the wind was continually from the southwest during the afternoon of each day, while the temperature ranged unusually high, and was accompanied with a corresponding degree of humidity of the atmosphere." Now observe that the southwest wind, which prevailed incessantly for these nine consecutive days, blew directly from the infected vessels to Fort Hamilton, and on the 29th of July it was that the yellow fever was announced as endemic at the fort and its vicinity, and at the same time it commenced on Governor's Island. Taking into consideration all the circumstances thus enumerated, I think they constitute a chain of facts and argumentation, against the doctrine of the exclusive domestic origin of yellow fever which its advocates will find it impossible to break. The existence of so great an amount of the disease in this vicinity for the first time since 1822, a period of 35 years, could not be due to any unusual local malarious production; it could have come only from the vessels on board of which the disease was noticed on their arrival. But its endemic prevalence on shore, though circumscribed within such narrow lines, was doubtless in a great measure due to the peculiar state of the atmosphere, a high temperature conjoined with an extraordinary degree of moisture; the very elements which, according to Dr. Barton, of New Orleans, constitute one of the essential precedents for its epidemic existence.

Thus we have, in the case before us, an illustration of the truism, *in medio tutissimus ibis*, as applicable in medicine as in any other science or doctrine. Here is a case in which both extremes may meet, and a divergence from which will only lead to doubt and uncertainty.

But the most painful part of the story remains to be told. Neither the high professional qualifications of Dr. Harris, nor his untiring devotion to his duties, nor the hazards to which he unflinchingly exposed himself in their discharge, nor the extraordinary industry and assiduity exhibited in collecting the facts for a report, which was not within his strict sphere of duty, nor a character for dignity and personal worth which honors our profession, nor all these combined, could satisfy the vandalism of political barbarity. In an evil hour for humanity and science, the Executive of the Empire State prostrates his independence and patronage before the Moloch of party, and in the face of remonstrances from those who honor intelligence and virtue, he stabs them both. Before this report, honorable alike to the head and heart

of its author, was yet dry from the press, he was removed from office, to make room for a partisan who, if rumor is correct, never saw a case of yellow fever or ship fever. Well may we ask, who would be even a Governor, with such dirty work to perform? and where shall we find encouragement for the performance of the most hazardous and important duty that is intrusted to mortals?

PUERPERAL FEVER.

The crowded audience at the regular meeting of the Academy of Medicine this month, and the holding of an extra meeting, if possible, still more crowded, to listen to the discussion, attest the deep interest of the profession in the subject of *Puerperal Fever*. This dreaded disease excites more than ordinary attention just now, perhaps from the fact of its partial prevalence at Bellevue Hospital (nine cases having occurred there this season), and the fear that it may extend beyond the limits of the institution. At the regular April meeting of the Academy this was the appointed subject of discussion. The President, Dr. Valentine Mott, occupied the chair. The venerable Dr. Francis opened the debate with one of his peculiarly interesting speeches, full of reminiscence, learning, and decided opinion. He discussed mainly the point of its communicability, a doctrine which he fully believes in, regarding it as a highly contagious disease. He was followed by Prof. J. M. Smith, with a very elaborate paper which occupied an hour in the reading, and contained matter enough to convince the most sceptical of the contagious quality of the disease. The interest of the Academy ran so high upon the subject, that an extra meeting was determined upon, for the continuance of the discussion; this was accordingly held a fortnight afterward, when a crowded audience were gratified with an admirable exposition of the pathology of the disease by Prof. A. Clark. Dr. Clark's aim was, first, to show that the idea entertained by some persons, that puerperal fever and typhus fever bore certain relations to each other, and depended more or less upon the same etiological circumstances, had no foundation in fact, at least in the city of New York. To prove which he presented the statistics of those two diseases in this city, for the past fifty years, which showed, at least as far as these figures could, that they had no connection with each other. It has often happened that when typhus prevailed the most, puerperal fever was less rife, and *vice versa*.

Between puerperal fever and erysipelas, however, there was less divergence, the figures rising and falling together, showing that when the tendency to erysipelas was greatest, then puerperal fever most abounded. Prof. Clark next proceeded to an exposition of his views of the pathology of the disease, illustrating his remarks by reference to several colored drawings of the uterus and its appendages in a state of inflammation and suppuration, as well as by one or two wet preparations of the recently delivered uterus. He regards the disease as essentially one of inflammation of the various organs and tissues concerned in parturition, but that its great mortality is due more particularly to the pyæmic condition of the veins and sinuses of the uterus,

and of its ligamentous attachments, and to the absorption of the pus into the general circulation. He believed that in the puerperal state, inflammation may make its appearance to different extents in different cases, in some attacking other parts than the uterus and not that organ, and in such instances not so certainly involving the life of the patient; while in those cases in which the uterus is involved in the disease, pyæmia, and its poisonous effects soon overwhelm the whole system. Dr. Clark appeared indisposed to admit the existence of a peculiar specific poison of atmospheric character, whose absorption with the system is the prime cause of the disease, a doctrine which was ably advocated by Prof. J. M. Smith at the previous meeting, and reiterated on the present occasion, though Dr. Clark was understood to admit the communicability of the disease through the manipulations of the practitioner. This poisonous influence is communicated, as has been well known, by some accoucheurs, to large numbers of lying-in women. One remarkable instance was mentioned of a gentleman from whose venomous touch the fatal influence so often dropped, that he finally left his practice and his home, to seek a purification by time and an entire change of living, but who found himself on his return still imbued with the fatal influence, which he supposed was only derivable from the puerperal branch of his practice. His attention finally being called to the fact that he had all this time under his care a serious case of erysipelas, with which he was in daily contact, he concluded that this was the source of the evil, a conclusion which was soon verified by its abandonment, and the simultaneous cessation of his cases of puerperal fever.

The debate was conducted with great spirit till a late hour, when nothing having as yet been said about the *treatment*, the point of the greatest importance to both patient and practitioner, the discussion was adjourned to the next regular meeting.

Respectfully,

J. GOTHAM, JR., M. D.

LETTER FROM BOSTON.

DR. M'WHISKEY THE CONSUMPTION CURES!

Boston, April 10, 1857.

It would surely make you laugh to hear how many of our professional brethren have taken up the whiskey bottle as a curative means. Pandora's box has met its match, and even the dealers in tea and sugar have taken up the trade. "Pure old Bourbon Whiskey, recommended by the most distinguished physicians, as the best cure for pulmonary complaints," stares you in the face from every grocer's establishment. Many years since, some seventy-odd practitioners in this city published a statement concerning the bad effect of every form of alcoholic mixture, and denounced the use of them as hurtful in most cases, and necessary in none. Tinctures were proscribed, because made of spirit, and the public were to be pill and powdered into

health. But a change has come o'er the spirit of that dream, and those who were among the most urgent to denounce, now praise the loudest. The cream of the joke is, that many of these gentlemen didn't know Bourbon from Monongahela. There is more Old Bourbon drunk by invalids in one month in Massachusetts, than is made in a year. I have seen as vile rotgut, which certain medical gentlemen pronounced to be the thing, as ever Tom, Dick or Harry paid his three cents for. The question is not yet settled "whether we *have* a Bourbon amongst us." Still, it is very queer.

MEDICAL BOOK CLUB AND BENEVOLENT ASSOCIATION.

There is a medical book club which has existed some five years in Boston, who purchase new medical works for distribution and reading. After being read by all the members, twenty in number, the volumes are sold by auction to the members, and the proceeds added to the assessments collected. In this way all the best new works are put easily into the hands of the members, and from year to year the funds are accumulating. The club is becoming one of the institutions. The members are of the younger class in the profession. They have during the winter been discussing the formation of a medical benevolent association, which has been much needed; and they have succeeded in bringing the respectable part of the profession into it. The association has been formed, and giving the cold shoulder to all regular quacks, and irregular regulars, they will go on in a good work. Over seventy names are already on the list. Dr. Geo. Hayward, who is as well known out of Boston as in, has accepted the presidential chair, and it cannot fail. I will send you a copy of its regulations, with the hope that you can make such an article upon the subject, as will induce physicians, throughout the whole country, to take similar measures for the relief of honest distress.

The first meeting since the organization was a social affair, called together by Dr. Luther Parks, Jr., at his house, a night or two since. The liberality of the host was highly appreciated by the guests, who spent an agreeable, and, it is believed, a highly useful evening in his parlors.

MASSACHUSETTS MEDICAL COLLEGE.

I alluded to the Massachusetts Medical College, and some changes reported to be going on there. Since I wrote, Dr. John Bacon of this city has been appointed to the chemistry chair. Dr. Bacon is well known to the scientific men of this country as a chemist, and his information upon other branches of natural science makes him a peculiarly proper person for the post. Dr. Bacon is also chemist and microscopist to the Massachusetts General Hospital.

So you know why medical colleges so frequently take pains to select for the chemical professorships gentlemen who are neither educated as physicians, nor possessed of the faculty of making interesting lectures. That is the faith of the profession, at any rate. The Massachusetts Medical School has got combined in one, a chemist, a lecturer, and an educated physician.

The question now is, why don't they fill Wyman's place? The professorship of Theory and Practice has no occupant. Boston has not the man to whom they would like to offer the situation, lest it should be declined. Cassius Hint, of Louisville, it is said, has been asked to take it, but he is in a situation which pays better. Our profession have enough work without pay, and the little reputation which a Boston professorship gives now-a-days, would be no compensation for the hard work. Why Boston cannot have a medical college that will take the great body of New England students, no one cares to say. That it has not such a college, is well known. The college ought to lead the profession, but it does not, and at present cannot.

SUFFOLK DISTRICT MEDICAL SOCIETY.

The Suffolk District Medical Society were informed the other night, that there was an epidemic of puerperal fever in our midst, but no one seems to know anything of it. Should you see a statement to that effect, you need not copy it. There was some little discussion about the actual cautery in uterine disease, in the course of which the cautery was somewhat freely used. Who got burned remains to be seen. The members in general seemed to enjoy the discussion, but did not favor the application.

CITY REGISTRAR'S REPORT.

I send you the City Registrar's Report for 1856, from which I extract the following:—

"The system of registration now in operation in Massachusetts has been digested with great care, and should be carried out with proper spirit and faithfulness. To insure this result, popular sympathy and co-operation must be obtained; and this can only be done by convincing people that they have a personal interest in the subject, and that the whole community are concerned alike.

The births during the past year amount to 5,922; 3,053 males, and 2,869 females, an increase of 106 over the number recorded the previous year. There were fifty two cases of twin births, and two cases of triplets. In thirty instances, the twins were of Irish parentage; in seven, of American; in two of German, and the remaining nine, the parents were of various foreign countries. The number of recorded marriages was 2,536, a decrease of 319 from the number recorded last year, at the same time.

With all the advantages of our present system, the Registrar finds fault with its mode of working. Last year—

"Not only was the value of the registration system impaired by the imperfect manner in which it was carried out, but even crimes were perpetrated and effectually concealed through these very defects. So long as licenses for interments are issued on the returns now required by law, without the attestation of competent authority as to their correctness, flagrant crimes may be committed with little hazard of exposure. As proof of this observation, attention is called to the following incident:—

"An undertaker was employed a few months since to superintend the funeral of a female, who was said to have died of typhoid fever. On applying for the requisite license to inter the body, the undertaker expressed his

doubt, from the character of the house where the death occurred, concerning the cause of death. As the return was properly made, and nothing beyond a mere surmise was thrown out, the usual license was given, and the body interred accordingly. Two or three days subsequently, two ladies called at this office to inquire concerning the female in question. They stated that the deceased had, a short time previously, resided in their family, but had afterwards left it without informing them of her new abode. They stated that soon after her departure, a young man, who was understood to have been paying his addresses to her, called at their residence and informed them that she had died out of the city, but was brought back and buried at East Boston. This misrepresentation, in connection with the character of the house where the death took place, created a suspicion that something was wrong. The body, accordingly, was disinterred, and an examination made, when it was fully proved that abortion had been practised, which, in all probability had caused death. Arrests were made; among the number the "Doctor" who was alleged to have produced the abortion, and held to bail for trial. Although little doubt existed that the death in question resulted from the assigned cause, it was found impossible to fasten the guilt upon the suspected parties, and they altogether escaped. Two other cases of a similar character occurred previously, one of which was properly investigated, but nothing definite was brought home to the suspected parties.

"The registration act of Rhode Island, enacted in 1855, makes it the duty of physicians to report deaths: and where death occurs without the attendance of a physician, that duty is imposed on coroners. The last report of the city registrar of Providence, shows that this feature in the registration system of Rhode Island renders that an improvement upon our own. Although entire accuracy is not to be expected, some approximation to that result, however, may be reasonably looked for. In most cases of death where physicians were in attendance, the cause of death could be definitely stated; the remainder could be so described as to prove of almost equal practical benefit. In regard to the large number who die without being visited by a physician, it might be made the duty of the city physician to see such *after* death, and report the result of his examination. Whatever uncertainty there might be in this course, it would not be a tithe of that which exists under the present system."

The average age at death in 1856 was 19.69 years. In 1855 it was 19.88 years. Leaving out the casualties, the average age at death of males in 1856 was 17.77 years; of females, 21 years. In the preceding year the average for both sexes was nearly 21 years, and for females over 22 years. There were 273 still births, an increase of 45 over 1855. The whole number of deaths in 1856 was 173 more than in 1855, but 188 less than 1854. 1,017 children died under one year of age, and of these 9.04 per cent. died on the day of birth.

My impression concerning the class among whom scarlet fever raged is borne out by the record. There were 362 deaths, 95 being purely native, 28 foreigners, and 239 of foreign parentage. Of consumption there were 760 deaths, 275 natives, 467 foreigners, and 18 of foreign parentage.

The following extract will show the influence of certain trades and professions:—

Laborers.—The foregoing exhibits 308 deaths among this class, or 34.56 per cent. of the whole number enumerated in the table. The number of laborers recorded is three more than were reported last year, and makes 7.24 per cent. of all the deaths. Their average age is one year more than that of the previous year. Nineteen-twentieths of them were born in Ireland.

Traders.—These comprise the next most numerous class, and present an increase over the preceding year's record, together with a reduced average of life of four years.

Mariners.—Although 19 less of this class died in 1856 than in 1855, the present table gives them a diminished average life of five years.

Clerks.—Contribute to this year's mortality only 29, against 45 the year before, and give an average age of four years less.

Merchants.—Twenty-nine of this class are reported, three less than the number recorded the year before, with an average age reduced nearly six years.

Tailors and Carpenters.—Present each 25 as their portion of the mortality, the former with a reduced average age of three years, and the latter of one.

Shoemakers.—Appear with a number reduced by two, and two years added to their average age.

Gentlemen.—Follow next in order, numerically, contributing 20 to the list of deaths, against 12 the previous year, but with an increased average age.

Physicians.—Five physicians are reported, with an average age of 71.60 years, the highest on the record.

The lowest average age is 21 years, belonging to five *Cabinet Makers*. The next is that of five *Coppersmiths*, which reaches 26 years. With the exception of the last two, and the *Clerks*, no other class appears with an average age of less than 33 years.

The whole number have the average age of 40.55 years, one year less than the average of last year."

The interments in the city proper are diminishing in number. The feeling of the public is gaining ground against the practice, and the attractions of rural burial-places are increasing. In 1855, 324, or less than 8 per cent. of the interments took place in the city, and in 1856 only 206 were interred here.

QUACK MEDICINES.

Has "Dr. Cogswell's Antiphlogistic Salt" arrived in New Jersey? It is announced as the great substitute for everything else in the treatment of almost everything. The discoverer, I think, was one of the celebrated Know Nothing Legislature, who built the Female Medical College. I presume they will patronize the salt. An examination shows it to be nothing but bicarbonate of potash, scented with orris and colored with some vegetable coloring matter. There is absolutely nothing else in it. Probably as soon as this becomes generally known, its composition will be denied and altered. The Doctor's price is *only* \$2 00 a drachm; modest, isn't it?

"Dr. Hall's Nutritive Cure" is the same thing, without the coloring and odoriferous matters.

Next month I hope to send you some account of some of our public institutions.

Faithfully yours,
STUDENT.

SUMMARY DEPARTMENT.

Large Doses of Iodide of Potassium in Scrofula.—Dr. F. B. Watkins, of Goochland, Va., gives, in the *Monthly Stethoscope*, some cases in which he used this remedy successfully, in very large doses, in the treatment of scrofulous diseases. The first case was of a young lady, of slight and delicate figure and lymphatic temperament, who had an abscess near the spinal column, in the lumbar region, which discharged immense quantities—"quarts"—of pus. This was followed by curvature of the spine. Dr. W. gave the iodide of potassium in increasingly large doses—doses increased *ad libitum* as long as the stomach would sustain them. Beginning with 10 to 15 grains per diem, he continued to increase the dose until 150 grains were taken daily at three doses. At this point there was a marked improvement in the appearance of and discharge from the abscess. She continued taking this dose (150 grains daily) for a length of time, and *entirely recovered*, with the exception of the spinal curvature. Dr. W. gives the details of eight cases of scrofulous disease, in which the iodide was given in doses of 20 to 40 grains, three times a day—among them a little girl, five years of age, who took 40 grains, three times a day. In no case did the slightest unpleasant symptom interfere with the treatment.

Ammonio-tartrate of Iron.—Dr. Wm. Gries, of Reading, Pa. (*Medical Examiner*), highly recommends this preparation of iron in erysipelas and low forms of fever. He gives it in two to four grain doses every three or four hours, dissolved in some aromatic water. Dr. Gries prefers this form of iron to the tincture of the chloride, as more pleasant, and less liable to offend the stomach.

Nux Vomica in the Treatment of Sick Headache.—Dr. J. B. McCaw (*Virginia Medical Journal*) gives some interesting facts in regard to the successful use of extract of nux vomica, and the ignatia amara, in those distressing ailments, sick headache. He began with a minimum dose, which was increased to one-fourth of a grain every night. In all the cases in which he employed it the effect was gratifying. The effect of these remedies should be closely watched.

The Operation of Ovariectomy.—Dr. E. P. Bennett, of Danbury, Conn. (*Am. Journ. of Med. Sciences*), has the following exceedingly judicious remarks on this subject:—

"In regard to this operation, I would suggest a few remarks to those who may hereafter venture on it. In the first place, let the new beginner never venture on a doubtful case; but select, if possible, one in which there is a degree

of constitutional vigor, not old, or reduced by frequent tapplings. If possible, always operate before your patient is tapped at all, for two reasons. 1st. Tapping is apt to be followed by adhesions, more or less extensive, which of course increases the danger of subsequent inflammation. 2d. The fluid being usually albuminous, the patient is reduced in strength in direct proportion to the number of tapplings, and is therefore less able to bear the shock of an operation of such severity. It is generally easy to determine, by the progress of the case, whether it is an encysted or abdominal dropsy; but even if you cannot be certain, you lose nothing by cutting carefully into the abdomen. If you find a sac, well and good, go on; if not, why you can let out the water, and close up the wound. Operate early in the disease as possible. Evacuate the bowels freely the day previous, then keep them closed by opium, or some of its preparations, for five or six days. If the patient menstruates, operate two or three days after the menses cease. Enjoin strict regimen and quiet. Keep the room of uniform temperature. Draw off urine for the first five or six days. Use sufficient anodyne to allay all pain, and use as little chloroform as possible in the operation."

Asclepias Syriaca as an Antiperiodic.—Dr. Richard S. Cauthorn, of Richmond, Va. (*Monthly Stethoscope*), speaks of his favorable experience with this indigenous plant in the treatment of intermittents. In some parts of Virginia it is a popular remedy, and much reliance is placed upon it. The root is so intensely bitter that infusion is an objectionable form in which to employ the remedy. Dr. C. gave it in the form of pills made from the powdered bark of the root, giving thus four to six grains, with or without the addition of capsicum, every two or three hours, during the apyrexia. Twelve or fifteen grains were sometimes given at a dose, two or three hours before the expected paroxysm. Dr. Cauthorn's experience with this remedy has had the effect to give him great confidence in its anti-periodic power.

Inverted Toe-nail.—Scrape moderately thin with a piece of glass, then rub the whole surface with nitrate of silver, so as to form a good coating, after this, apply a hot linseed-meal poultice, which may remain during the night. The nail may then be detached from the flesh without pain.—*Mr. Lovegrove, of Brighton, England.*

Benefit resulting from a Sea Voyage.—Dr. Simpson was so kind as to invite me, the other day, to go and visit with him an American lady under his treatment. I have his permission to detail the case. The patient is from New York city, and has had a severe menorrhagia for the last eight years. She has suffered, in conjunction with this, a long course of homœopathic treatment in New York. Her physicians had no clue to her real disease, never proposed the touch or the speculum, and finally in despair recommended a sea voyage, which luckily brought her to this city (Edinburgh). Her husband sent for Dr. Simpson, and judging from the minute history of the case and the condition of the patient, he concluded that she must have a polypus uteri. An examination showed the os uteri closed and of a normal size; but on the introduction of the uterine sound a uterine tumor was distinctly felt. The irritation of the sound brought on labor pains, and the tumor was soon forced through the cervix. Dr. S. preferring to let nature

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remove it if she would, left her in this condition. The next morning we found the patient very weak, having lost a large amount of blood. The tumor still protruding through the cervix, Dr. S., anticipating danger from longer delay, seized it with a pair of strong lithotomy forceps, and twisted it from its attachments. The hemorrhage ceased at once, and the patient, under a careful tonic course, is rapidly recovering health and strength, a remarkable instance, upon the whole, of the benefit of a sea voyage in getting rid of a polypus uteri.—*Correspondence of Western Lancet.*

New Treatment of Ovarian Dropsy.—Dr. Simpson is attempting the radical cure of ovarian dropsy by establishing a fistulous communication between the cavity of the cyst and that of the peritoneum. He does this by puncturing the enlarged ovary with a trocar and canula in the ordinary way, but allowing only a small portion of the fluid to escape by the canula. This is then withdrawn, and the union of the external wound promoted. By pressing the tumor gently every day he forces a little of the fluid into the cavity of the peritoneum, and thus keeps the wound in the tumor open. I have seen several of Dr. S.'s patients who have been subjected to this mode of treatment with apparent success. One of them has been under treatment many months, the cyst occasionally filling, but easily reduced by gentle pressure, showing that the fissure still remains open.—*Ibid.*

Prænia Officinalis in the Convulsions of Children.—Dr. LIVEZEY, in the *Boston Med. and Surg. Journal*, has the following remarks respecting the virtues of this plant in infantile convulsions:—

"This plant has been much used by the old matrons in this country, and with uniform success. A case not long since happened, that apparently proved its antispasmodic power. A child of 9 years had labored under convulsions daily, for several weeks. All the resources of the skill of three physicians had successively been exhausted without benefit, when 'Aunt Polly' happened to call in with dried '*piney*' root in her pocket—one dose of which she administered, as above, and, strange to say, that, *vel post hoc, vel propter hoc*, the convulsions ceased *instantly*. Were this an isolated case, my credulity would cause me to say that it was a *post hoc* result—a happy coincidence; but such results are too thickly scattered over this community to allow me to doubt of its remedial power. It certainly possesses peculiar anodyne, or strong nervine, powers; from the fact, further, that it will allay the nervous twitches, the subsultus, or the peculiar *startings* of infants during repose. In conclusion, I hope that the profession will throw aside prejudice in obstinate cases, and give this article a trial. The mode of administration is this: take of the dried root, grated, half a teaspoonful, scald it and sweeten, and give the whole at once to a child 3 or 5 years old, *ter die*. To an infant, the same amount may be given in divided doses, during the day or 24 hours."

SELECTIONS.

The following is too good to omit from our pages. It has been awaiting its turn for insertion for some months.—[ED. MED. AND SURG. REP.

"*Socialistic Theories in their Medical Aspect.*—The advent of a new novel is hardly a matter for comment in the pages of a medical monthly, and this consideration has induced us to forego an intention we had deliberately formed, of writing, for the pages of the *Journal*, a full review of 'Mary Lyndon,' a new novel just published from that fountain of all indecency, the press of Fowler & Co., Nassau Street, New York.

"But, in thus abandoning a well considered purpose, we have been actuated rather by the fact that the *New York Daily Times* has given this book of infamy the benefit of a review, which sufficiently exhibits its moral tendencies, and which has probably met the eye of the larger portion of our readers.

"The authorship of Mary Lyndon is avowed by Mrs. Mary Gove Nichols, M. D., one of that crew of belligerent sisters who have invaded our profession, and gone out to the world from the Female Medical Colleges recently established. Connecting herself in a half-way matrimonial manner with Dr. T. D. Nichols, one of the elite of the Water Cure fraternity, she has taken to the practice of medicine, eking out her income by writing sisterly advice upon the generative organs, and finally by issuing this book, Mary Lyndon.

"We can hardly be wrong in supposing that the medical profession has an immediate interest in this discussion. The warmest and most influential advocates of these new revelations in social philosophy write their names with the suffix of M. D., obtained in some of those piratical institutions newly charged by stultified legislatures, as Eclectic, Homœopathic, or Hydropathic Colleges. One of their favorite methods of teaching is by infusing their moral poison into pretended physiological works. Marriage as a divine ordinance, is especially their aversion. They openly contend that, a marriage becoming distasteful to either of the parties, it is the duty of that party to dissolve the connection, and enter upon a new one with some more congenial spirit. In 'Mary Lyndon,' Mrs. Nichols, in her medical capacity, asserts that the offspring of unhappy marriages are physiologically imperfect, liable to early death, or, living, to become the prey of disease and passion. Not only this, but we are taught that such a marriage entails ill health and suffering on the parties themselves. From this stand-point an attack is made—not on hasty, ill-considered, or unnatural matches—but on the institution itself, on the Bible as recommending it, and on the legitimate profession of medicine as the well-known opponent of promiscuous intercourse.

"In this our profession shares with all other established institutions. In religion, our new-lights vary from the foggy pantheism of Swedenborg, to the gross communism of the Prophet Brigham Young, or the atheism of the Owens and Fanny Wright.

"In politics they are uniformly Socialists in one or another form: that of Individualism, as advocated in the Free Love doctrines of Mrs. Nichols and the Ceresco Union, where each individual must protect his own individual happiness (the logical inference from which is, that as women have no individuality in the marriage relation, that relation is in itself a wrong), or as pure communists or Fourierites, teaching the 'higher harmony' of bestial promiscuous intercourse. Such are the doctrines of the *New York Tribune*—not openly proclaimed, but logically necessary to its theories.

"In medicine we find them asserting their natural affinities. The con-

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servative press of our country is firm in its advocacy of legitimate medicine; but wherever we find the advocacy of any of these latter-day doctrines, there do we also find a constant and consistent depreciation of our profession. At the risk of startling the prejudices of some of our readers who have not studied this subject, we shall individualize the *New York Tribune* as a source of more evil to the profession, and support to quackery, than any or all the attacks of our open enemies. Never losing an opportunity to traduce the fame of the true physician,¹ it has ever been the organ of quackery. The advocate of spiritualism, mesmerism, Fourierism, Free Love, and especially of the hydropathic and homœopathic delusions, it has never stickled to puff any other form of humbug. For a time it was the mouthpiece of chronothermalism, and, inconsistent to the last degree in its advocacy of antagonistic theories, it has been only consistent in its undisguised attacks on the true physician.

"We believe that we are right in asserting that a gross sensualism is one of the prevailing characteristics of quackery in its modern form; educated to a refinement that gilds rascality to a scanty semblance of love for the race. We have learned to look upon no man or woman as a thorough, irredeemable, and totally depraved quack, until he has written a book on 'Matrimony,' or 'Love, Courtship and Marriage.' All of this pestiferous brood of books inculcate doctrines analogous to those of the Ceresco Union. We could give—did we dare—the private histories of their authors and authoresses, to a large extent—histories of profligacy such as would cause shame itself to blush. Looking, however, among the irregulars, we recognize Mr. L. N. Fowler, author of books which prurient boys keep hid in barns, prudently concealed from the inspection of their parents; Mrs. Joel Shew, author of 'Water Cure for the Ladies,' of whom we might say not a little; Dr. Lazarus, author of 'Passional Hygiene,' 'Comparative Psychology,' and 'Love versus Marriage';² T. L. Nichols, editor of a smutty paper in New York, superintendent of a Water Cure, author of 'Esoteric Anthropology' and 'Woman in all Ages,' and, finally, husband of Mrs. Mary Gove Nichols, a she-professor in some female medical school, author of 'Marriage,' and who has recently attained to the bad eminence of writing 'Mary Lyndon;' Henry C. Wright, a lecturer on the congenial subjects of Hydropathy and Woman's Rights, who utterly repudiates the marriage bond; Mrs. Love (what a satire in the name!) a prominent sister in that precious band who meet in convention at Rochester and Syracuse to discuss Woman's Rights and Spiritualism, with a petticoat doctor from Boston as their President—ess, and who has recently swindled a divorcee from her husband through the courts, that she might connect herself—we will not call it marriage—with Andrew Jackson Davis, the Poughkeepsie Seer, himself author of some remarkable medical works—a name with which we may fittingly close our lengthy list of advocates of MEDICAL REFORM! What a catalogue of infamy!

"In the so-called medical works of these writers may be found the impregnation of all heresy and schism; of hatred to that medical profession which it cannot bend to its doctrines; of advocacy of water cure, homœopathy, and spiritualism; of a monstrous and spurious physiology, whose insane teachings lead its followers over the ruins of the social fabric, morality, and religion; of a debasing sensualism, which in the name of friendship to the gentler sex, would sink them to concubinage.

"What does Free Love mean? Simply that the nominal wife may be at

¹ Our readers will recollect its malignant attack upon the medical advisers of President Taylor in his last illness.

² Dedicated "To all True Lovers—to the modest and brave of either sex, who believe that God reveals to the instinct of each heart the laws which he destines it to obey; who fear not to follow the magic clue of charm, but defy the interference of all foreign powers!"

any moment, for any whim, deserted and thrown, with her offspring of shame, upon the charities of a world which never forgives a fallen woman.

"Such are the doctrines which have mingled with the therapeutics of Hahnemann and Priessnitz, till they are now inseparable from them. The text-books of homœopathy are filled with stupid transcendentalisms, which befog and prepare the mind for that farrago of nonsense to be found in the writings of the spiritualists and communists; that balderdash about 'higher harmonies,' 'marriage of the affinities,' and 'passional attraction.' The very nosology of Hahnemann makes vice a disease, and 'a disposition to lie,' or 'steal,' or 'murder,' is gravely described as cured by 'thirtieth potencies.' In this view it would be well to confine the practice of homœopathy to penitentiaries and jails!

"However wicked may be the tendencies of the infinitesimal delusion—however great an upsetting of all power to discriminate between right and wrong the mere adoption of such a theory must imply—it is in the ranks of hydropathy that rascality has attained to its utmost development. We have shown that most of the water-cure lecturers, and physicians in charge of cures—a number of whom we have mentioned—are also the shameless teachers of doctrines, so infamous that even the liberal use of language permitted in medical writing is insufficient to describe their enormity; doctrines which would make all women concubines, all property plunder, all religion an irresponsible pantheism, and would constitute the 'higher law' of the seared conscience of the adulterer the only guide to right and wrong.

"It is to the upholders of this heathen creed that pious citizens commit their wives and daughters when they send them to water cures for restoration. We have heard some talk of revelations of the sins against female virtue and modesty committed within the unanswering walls of these places, but whether they are made or not, is a matter of no moment. We cannot, however, resist the impulse to embody here a quotation from Miss Catherine E. Beecher's *Letters on Health*, just published by the Harpers. As this is a book especially devoted to the advocacy of water-cure, we shall not be charged with unfairness in the source of our selection:—

"In my travels I have met persons of both sexes, of the highest cultivation and refinement, whose conduct was every way reputable, and whose morals were never in any way impeached, who freely advocated the doctrine that there was no true marriage but the union of persons who were in love; that such union needed not legal or religious rites, and that it was those only who were held together by such restraints, who, having ceased to love each other, were guilty of adultery in the only proper sense of the word. I have seen books and papers freely circulated that advocate the same view by the most plausible arguments.

"Then, again, there are articles on physiology circulated freely, that maintain that the exercise of all the functions of body and mind is *necessary to health*, and that no perfectly-developed man or woman is possible, so long as any of the functions are held in habitual constraint. With these creeds is usually combined an entire want of reverence for the Bible as *authoritative* in teaching truth or regulating morals.

"Let us now suppose the case of a physician, neither better nor worse than the majority of that honorable profession. He has read the writings of the semi-infidel school, till he has lost all reverence for the Bible as *authoritative* in faith or practice. Of course he has no guide left but his own feelings and notions. Then he gradually adopts the above views in physiology and social life, and really believes them to be founded on the *nature of things*, and the intuitive teachings of his own mind. Next he has patients of interesting person and character put under his care, and he very naturally takes the means, which these books and papers in his reach afford, to lead them to adopt *his views of truth and right* on these subjects. Then he daily has all

the opportunities indicated. Does any one need more than to hear these facts to know what the not unfrequent results must be?

"I will now state, in the first place, that in *no single instance* did I ever know any wrong transpire in any one of the institutions for health in which I have resided, *during the time of my residence there*. Though I had often heard suggestions and intimations, yet never, by the strictest scrutiny, could I ever learn that there was any just ground for want of entire confidence in the professional honor of any one of the medical gentlemen in whose institutions I have resided. At the same time, all the ladies with whom I conversed were unanimous in the same opinion. For, of course, a contrary opinion would immediately banish every respectable person who held it.

"In regard to the health establishments implicated, only one of them was a *Water Cure*, and that one has come to an end. So that every institution now known to me of this description is, so far as I know, free from any such imputation.

"These things being premised, I would state that, *during the last two years*, facts have been brought to my knowledge of a most shocking nature, and from the most unimpeachable sources. The information relied on was not received at second hand, but from ladies of the highest character and position, and involved narratives of their own hazards and escapes.

"In other cases most mournful histories were given from direct and reliable quarters of the most terrible wrongs perpetrated without any possibility of redress, except by a publicity that would inflict heavier penalties on the victims than on the wrong-doers.

"So numerous were the instances that came to my knowledge *unsought*, and from so many different and unsuspected directions, and these cases involved so many guilty perpetrators, not only of those connected with health establishments but in private practice, that a most difficult and painful responsibility became apparent.

"After extensive consultation as to what should be done, it has been decided that these intimations and an article from a medical source prepared for the purpose, would furnish sufficient warning without any details.

"A terrific feature of these developments has been the *entire helplessness* of my sex, amidst present customs and feelings, as to any *redress* for such wrongs, and the reckless and conscious impunity felt by the wrong-doers on this account. What can a refined, delicate, sensitive woman do when thus insulted? The dreadful fear of *publicity* shuts her lips and restrains every friend. And it would seem, from some of the cases here indicated, as if it was the certainty of this that withdrew restraint, so that the very highest, not only in character but in position, have not escaped. When *such as these* have been thus assailed, who can hope to be safe?

"Another alarming circumstance has been the character of the physicians implicated. After intimate acquaintance with some of them, I was impressed with the belief that they were, at least, men of benevolence and professional honor, while in some cases their conversation and deportment led to the hope that they were persons of consistent piety. Of course the painful inquiry has arisen, how can a woman *ever know* to whom she may safely intrust herself or her child in such painful and peculiar circumstances? No doubt the medical profession embraces multitudes of persons of the highest delicacy, honor, and principle, and those who are in long and close proximity can be sure of their rectitude. But how can the *public* discriminate? Some of these guilty men were receiving patients sent to their care by the *regular* physicians, while the great body of their patients, who had escaped all knowledge of their guilt, were earnest in their representation of their high character."

"The statement at the close, that 'some of these guilty men received patients from the *regular* (Italics not our own) physicians,' is a gratifying proof that Miss Beecher's charges are not intended for regular physicians,

but only for the graceless scamps with whom she has unwittingly associated herself, and whom she still supports by her forcible pen.

"Did we lack all proof of the actual commission of crime, we might well appeal to the publications of the keepers of these houses, and ask if they are safe men to be intrusted with the control of female honor? But we have said enough of this.

"One thing is proven. Between all the various forms of quackery and those of religious and social infidelity, there is such a bond of affinity that we find the same class of minds attracted by both. Those who daily tamper with the one, are extremely liable to be entrapped by the other. He who admits the propriety of female physicians, asserts female equality. Besides this, he is bound to concede to the equal female her equal rights, and in doing this, he does away with marriage, for in Christian marriage, ordained by God, there is and can be no equality. *Facilis descensus Averni*. The weak chain of reasoning thus traced, has beguiled many a feeble mind.

"The truly just and conservative position of the medical profession proper, was never more forcibly impressed upon us, than by the remark of a friend, that all 'medical reformers,' so far as his acquaintance—a large one—extended, were men of low morality. The honest seeker after truth in medicine finds field enough for labor in the furtherance of reform in the treatment of disease, to be attained by steadfast study and effort, not by abuse and detraction of those who have labored before him.

"Error is never barren. One heresy begets another, until the public mind, pleased with the first of the chain, starts back in horror at beholding the natural results of the theory it had sanctioned. Such, we trust, may be the tendency of the developments of the present day—developments which make it manifest that the especial fondness for medical tinkering, characteristic of the 'reformers' of the time, is not so much due to faults in medicine itself as to great truths which it maintains, and which must be overthrown before the contemplated object of their desires can be reached—that object being the overthrow of the present social system, the abolition of marriage, and the creation of a Utopian Republic, a freedom from all law save the 'higher law'—the law of the individual—where selfishness would eventually become the highest charity, where health would be sought in a return to the habits of the beast, and *Passional Attraction* become what its advocate, Parke Godwin, calls it, the 'pivotal idea' of social life."—*Editorial in Buffalo Medical Journal*.

On Malaria, as the Cause of Periodical Fevers.—CHARLES E. JOHNSON, M. D., in his paper, published in the *Transactions* of the Medical Society of the State of North Carolina, denies the reality of Malaria as the cause of periodical fevers. He says:—

To the term malaria there can be no particular objection, when used merely to convey an impression of the *morbific state* of the atmosphere of certain localities. But it is a different thing when employed by the schoolmen as a familiar expression, representing a distinct gaseous entity, possessing essential properties, specifically poisonous in their nature, since neither the existence of the gas, nor its composition, nor qualities, can be appreciated by our senses in their natural state, nor aided by all the contrivances which science and ingenuity can suggest, nor traced even by the presence of those agencies which are said to be capable of generating it.

Having discussed the question at length, he sums up the contradictory opinions of the most eminent writers upon this branch of ætiology:—

SUPPOSED ORIGIN OF PERIODICAL FEVERS.

Lancisi, in 1695, ascribed the origin of periodical fevers to *marsh miasm*, which, he affirmed, consisted of effluvia of inorganic and animalcular constitution.

Henry Holland and others believe that these fevers are produced by a distinct host of animalcules which float about in the air.

Elliotson says that an exhalation from decaying vegetable matter is the true indispensable and exciting cause of ague and fever.

Annesley, a writer on the diseases of British India, concludes that the cause is the product of the different elements which are found in the rich soils, when acted on by heat, the air and moisture.

Armstrong rejects altogether, the doctrine of a specific poison in accounting for their origin.

Dr. Wood admits that periodical fevers may originate without any emanation from vegetable decomposition to poison the atmosphere.

Dr. Bell, of Philadelphia, and Pritchett, in his accounts of the African remittent fever, think that the known and appreciable states of the earth's surface, superincumbent atmosphere, and modes of life, will account for the origin of these fevers.

The celebrated Roman physician, Folehi, who had bestowed much time and attention upon this subject, thought the moisture, dampness, and the chilling effects of the dews of night, and not miasmata, produced these diseases.

Lancisi states that the purest breezes, *tametsi saluberrimus*—no matter from what quarter they may blow, are adequate to produce an attack of periodical fever.

Dr. Heyne accounts for the occurrence of these diseases amongst the rocky, wooden hills of the Madras Presidency, by supposing them to be owing to some magnetic influence dependent upon the ferruginous character of the rocks.

Richter, a distinguished German writer, speaks of them as caused by worms and other sources of intestinal irritation; by suppression of the catamenia and other habitual discharges.

J. K. Mitchell thinks them owing to the injurious and poisonous action of the sporules of fungi, which are disseminated through the air.

Ferguson denies the necessity of vegetable decomposition to produce these diseases, but attributes them to the rapid evaporation of water in an arid soil.

Dr. Watson declares that the primary exciting cause of intermittent and remittent fevers, without which ague would never occur, is a specific poison, producing specific effects on the human body.

Tulloch thinks there does not exist any relationship whatever, as cause and effect, between marsh exhalations and ague and fever.

Sir James Murray contends that the true malarious agents are electro-galvanic currents and accumulations.

Professor Daniells, and the Drs. Gardner, of Loudon and Hampden, Sidney College, Va., think that the active agent which produces fever in malarious situations is the *sulphuretted hydrogen* to be found in their waters.

Murray, British Inspector General of hospitals, avers that fevers, every way analogous to those to be found on marshy plains, frequently result from the application of intense solar or atmospheric heat.

Wortabet, in his fevers of Syria, says that inattention to personal cleanliness, filth, and poverty, independent of any marsh effluvia, will produce intermittent fever.

Von Aurvaule, a celebrated Netherlander, accounts for their prevalence in argillaceous soils, by supposing that clay possessed the property of absorbing oxygen from the atmospheric air, and thus impairing its purity.

The celebrated Linnæus contended, in his Inaugural Essay, that periodical fevers originated in all those places where the soil abounds in clay, and only in such places; whilst Fodere, in his classification of insalubrious localities, places the clayey soil next to that of marshes and turbaries.

Fourcault thinks these fevers depend on the occurrence of three essential conditions, moisture of the air, elevation of temperature, and atmospheric vicissitudes.

"We believe," says the British and Foreign Medico-Chirurgical Review, "that we are as yet in utter ignorance of the agent or agencies represented by the conventional term, *malaria*, or marsh poison."

Dunglison, contesting the views of Fodere, says: "It certainly cannot be maintained by any one who has inspected the soils of malarious regions, that the clayey soil is most insalubrious next to the marshy and turfy. Some of the most healthy districts are found of this soil, and on the other hand, as we have previously seen, some of the most unhealthy are sandy."

Dr. Foster is of opinion that it is not the heat, nor cold, nor dampness, nor drought of the air, nor sudden change, which is chiefly concerned in producing disorder, but the inexplicable peculiarity of its electrical state.

"The doctrine of a specific poison," says the American Journal of Medical Sciences, "generated during the slow decomposition of vegetable matter, as a cause of fever, is fast losing ground—as the etiology of endemic and epidemic diseases is more closely and systematically investigated."

I shall now mention some of the opinions of different authors as to the causes and conditions which are said to affect and control this supposed poison, marsh miasm, and I think we shall find here as many discrepancies as were exhibited on the subject of the origin of periodical fevers.

CHARACTERISTICS OF MARSH MIASM.

Sir Gilbert Blane states that the people in the villages *in the midst of the fens*, were in general healthy, at a time when the fever was prevailing in the more elevated situations of Lincolnshire.

Monfalcon states that miasmata, during the warmer and more heated hours, are elevated to great heights in the atmosphere, and may thus be carried to and deposited on distant hills and mountain ridges.

According to the opinions of Tourmon, Carrière, and others, an elevation of from five to seven hundred feet will place one beyond the influence of miasmata, no matter what may be the nature of the localities at the base of such situations.

On the coast of Batavia, according to Sir John Lind, so little attraction

Ferguson says the troops were sickly "whenever, during the hot season, any portion of the army was obliged to occupy the arid encampments of the level country, which at all other times were healthy, or at least unproductive of endemic fever.

Ferguson alleges that it is heavier than air, and therefore cannot mount upwards, but creeps along the ground, whenever it strays away from the source of its origin.

Major Tulloch does not believe that an elevation of six or seven hundred feet will insure one against the assaults of the cause of periodical fever, whatever it is, but goes far beyond that, and thinks an elevation of not less than 2,000, or 3,000 feet will do it.

In the narrow straits of Holland, only a few yards from the shore, Sir

had water for it, the malaria was wafted out to vessels riding at anchor some five or six miles from the shore.

Sir John Pringle affirms that the ground-floors of the houses where the malaria is disengaged, are most sickly; and Ferguson and others agree with him that it is less deadly, as it is more distant from the source of its origin.

Parent Duchatelet, a celebrated physician of Lyons, after several years of investigation, came to the conclusion that water in which hemp or flax had been rotted, was not injurious to the health of those who drank it, and that the emanations from it were not unhealthy.

According to the prevailing opinion, it is only to be found where there are marshes, stagnant pools, swamps, or wet rich grounds.

Dr. James Johnson says that the same malaria arises from the summits of the mountains in Ceylon, which is founded on the marshy plains of Bengal.

Dr. Dickson, of Charleston, S. C., a popular writer of this country, says: "A very dry summer and spring are apt to be healthy;" and Folchi and others agree with him.

Robert Jackson says: "The usual endemic of warm climates is less frequent and formidable on the banks of rivers, after their waters become mixed with those of the sea, than before this had happened."

Folchi thinks a hot, dry summer must exempt from fevers; and the most sickly one is when falls of rain alternate with atmospheric vicissitudes of temperature.

M. Julia ascribes it to a union of animal and vegetable putrefaction, and Dr. James Johnson thinks, generally speaking, it is the product of animal and vegetable decomposition by means of heat and moisture.

Gilbert Blane says none of the seamen were affected by the disease which was so fatal to the land forces, so great is the attraction of water for malaria.

Monfalcon declares that as the malaria is carried upwards it becomes more energetic, and McCulloch agrees with him and says, that the source of its origin is frequently left perfectly salubrious, while distant hills and situations are rendered pestilential by it.

Brachet, another distinguished physician, of Lyons, gives it as his decided opinion that the readiest and most certain method of converting a healthy village into a hot-bed of intermittent fevers, is to furnish it with ponds and steep hemp in them.

Dr. MacMichael says, Frichori, in the Gulf of Valo, in Greece, a dry limestone rock, is notorious for its malaria; which is likewise true of one of the Isles de Loss, according to Boyle.

McCulloch asserts, that in every instance where it is found on the hills and mountain ridges, it always arises from the wet ground at their base, or at no very great distance off.

Ferguson says: "A year of stunted vegetation, through dry seasons and uncommon drought, is infallibly a year of pestilence to the greater part of the West India Islands."

Fodere, speaking of this matter, says: "The shores and vicinity of large rivers, lakes, and the sea are generally healthy," unless where there is an admixture of salt with fresh water.

Dr. Joseph Brown asserts he has seen plenty of ague and fever in parts of Estramadura, when everything was parched up for want of rain, and where no visible dampness could be supposed to have a share in their production.

Dr. Joseph Brown says: "Malaria is generated in so many instances in which animal matter does not exist, that we must conclude that the presence of such matter is not essential to the formation of the poison." Dunglison, and others, agree with him in this opinion.

Copland, in his *Dictionary of Practical Medicine*, says: "In warm countries, or in hot seasons in temperate climates, the places which are most productive of malaria generally, also abound the most in animal substances undergoing decomposition." Again: "I have always considered the number of insects and reptiles with which a place abounds, as more indicative of its insalubrity than almost any other circumstance."

Forsyth, Ferguson, Sir John Pringle, Sir Charles Morgan, and others, contend that a dry road, or a wall, or a belt of trees, will arrest the progress of this poison.

Sir John Pringle, Fordyce, and Ferguson, declare that the dry, sandy plains of South Holland, Dutch Brabant, and Flanders, without trees, were pestilential to the British forces.

The miasmatisers, generally, believe that the dews of insalubrious localities are loaded with the miasmatic principle, which has been brought down and precipitated with the aqueous vapor of the atmosphere.

Sir John Pringle and others assert that this poison is connected with a most noisome and dreadful smell.

The prevailing opinion among the miasmatisers is, that it is not contagious.

Fordyce, Sir John Lind, Dr. Dundas, the French Algerian Surgeons, and others, contend that fever and ague is convertible into common continued fever, and *vice versa*.

These are some of the varying features and contradictory statements, which are furnished by the medical history of this imp of the marshes. I shall not attempt to reconcile such discordant elements—it would be worse than useless.—*New Orleans Med. and Surgical Journal*.

Armstrong says: Kingston, in the Island of St. Vincent, having all the elements for the production of this poison, for it abounds in as much vegetable matter, and "reptiles, and insects, and other animal matter, as is found in other tropical countries, is yet as healthy as the most favorable spot in England." New Amsterdam, Berbice, and other places in the West Indies, are similarly situated, according to Ferguson; while Dundas informs us that such is the case with Bahia, Bonafine and other places in Brazil.

Monfalcon, McCulloch, Brown, and others say, it will mount into the higher regions of the air and be disseminated over the adjacent country, despite the intervention of walls, cliffs, woods, and secondary ridges.

Heber says, the wood tracts of Ne-paul and Malwa, having neither swamps nor perceptible moisture, are uninhabitable in summer and autumn by man, beasts, or birds, from their pestilential character.

Dr. Minzi, of the Central Hospital, Temaciva, with the view of testing this matter, together with others, drank freely of the dews of such localities, besides washing abraded surfaces, and the sores of peasants with it, without evil effects.

Ferguson says, a most noisome and disgusting odor arising from the decomposition of vegetable matter, pervades the town of New Amsterdam, Berbice, but it does not produce disease.

Bailly and Audonard, in France, and Cleghorn, Fordyce and Brown, in Great Britain, think that it is communicated by contagion.

Those who advocate the abstract theory that marsh miasm is the cause of periodical fevers, deny that ague and fever and continued fever are mutually convertible.

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Treatment of Phthisis. By WM. HENRY THAYER, M. D., Keene, N. H.

"If the patient have it fortunately at his command, gestation and living on the sea will be beneficial."

ARRETÆUS.

"But of all the remedies for phthisis, long and continued journeys on horseback bear the bell."

* * * * "The palmary remedy, however, is daily riding—which is all in all. Do this, and you may neglect the rules of diet, and deprive yourself of no sort of meat and drink."

SYDENHAM.

THESE are observations that have been practically forgotten in all this time. Nearly two hundred years have these views of Sydenham been before the medical profession, without persuading many men that the treatment which they direct is of primary importance. Every one recommends exercise in the open air, but as holding an inferior place in the long train of which medical agents have the chief positions. The excellent letters of Dr. Jackson show us that he has always fully estimated the value of hygienic treatment in tubercular disease. But how rare an exception his practice presents to that which has been prevalent, we may infer from an editorial in the April number of the *Buffalo Medical Journal*, in which the writer says, "the venesection, the emetic, the blister, the iodine inhalation, the careful protection from air and from exertion, the absence from animal food and from stimulating drinks, incident to our former ideas, have given place to active exercise, to fat meats and hearty diet, to vinous and alcoholic stimulants, and to what would once have been deemed reckless exposure to vicissitudes of weather."

Indeed, the experience of the last few years has shown us that, under the use of such means as these, a decided improvement is nearly always manifested in tubercular disease, the cases are very often very much prolonged, and in some instances we have the satisfaction of knowing that complete recovery takes place. Nevertheless, the facts are not universally known in the profession, or the value of the treatment is not sufficiently insisted upon. It is true that a large proportion of phthisical cases occurs in persons whose circumstances will not permit them to make use of the necessary means of treatment. Men or women, whose occupation is sedentary and within doors, are necessarily cut off from all chance of relief—for it is frequently true that their poverty prevents a choice of employment. But the treatment is too often neglected, even when there is no other objection to its adoption, by the fault of the physician or the want of resolution on the part of the patient.

For acute tuberculosis, such treatment is out of the question. But in the ordinary chronic phthisis, there are hardly any exceptions to its employment. Its efficacy, of course, varies with the stage and character of the disease; in an early stage, before softening of the tubercles has begun, and in cases of a very slow progress, all treatment is far more successful than in those persons in whom tubercles are rapidly developed, or the lungs are already extensively destroyed.

The treatment of which I speak, includes not only daily active exercise out of doors, but perfect ventilation of the house, warm clothing, nutritious food, and the steady use of cod-liver oil.

Active, but not violent exercise, is never objectionable. I have rarely seen a case which could not be gradually brought to it. Patients who have been long confined cannot, of course, adopt it at once. But beginning with an amount within their strength, and increasing it daily, they come to bear long rides, and grow stronger on them in a short time. The case of a young married lady, under my care several years ago, illustrates this point well. After parturition, she began to cough, and within a month presented the physical signs of tubercles in the lungs. She went away from home for two months, and returned seriously worse. The disease was so far advanced that her respiration was hurried, and she was unable to sit up all day or to dress herself. At this time she was put upon cod-liver oil, and active exercise was prescribed. Beginning with a short ride, supported by pillows in a carriage, she was able, within two months, to drive herself, which she did every day a

long distance, without regard to the weather, and in another month began to ride on horseback. Within six months she was nearly free from the general symptoms of the disease, although thin, and still tuberculous. I lost sight of her at that time, but learned that she died about six months later; but I am firmly convinced that she owed probably nine months of life to the energy and resolution displayed by her friends in pursuing the treatment. Instances are sufficiently numerous, within the knowledge of all, of incipient tubercular disease arrested, and sometimes entirely cured, by a succession of sea-voyages, or a yearly retirement to a climate which does not deter the patient from daily exercise out of doors, nor require the fresh air to be excluded from the house. Dr. Jackson relates several very striking instances of the remedial effect of active exertion—and, it must be observed, without any regard to weather. The woodcutter in Maine, who, from being hardly able to lift an axe, was driven by necessity to work, until by daily exercise he grew strong enough to do full labor; and the plasterer, who was always better in working in the damp and often chilly atmosphere which his occupation imposed upon him, than when he stayed at home, are striking cases illustrative of the truth of this.

In regard to the influence of different localities upon the development and progress of tubercular disease we no doubt have much to learn. Recent observations made by Dr. Bowditch have confirmed, in a very remarkable manner, the opinion that low and moist situations are much more liable to these affections than the high and dry. In the West Indies and the south of Europe, consumption prevails as extensively as in the higher latitudes. Physicians, however, still recommend a residence within the tropics to consumptives; and numbers are annually sent away, who would do much better to stay at home. It is true that many return improved by a southern residence. But it is very probable that, under proper direction, they would have derived equal benefit here, without losing the advantages of home. Dr. Drake, in some part of his great work on the diseases of the interior valley of North America, expresses the opinion that tuberculous subjects do better to remain in a climate as cold as that to which they are accustomed, or to go to one somewhat colder. The debilitating influence of a warm climate is not so favorable to them. It is stated (I think by Dr. Kane) that tubercular affections are hardly known among the Esquimaux, who comply with two of the conditions which we consider favorable for consumptives, namely, live in an extremely cold climate and eat a large quantity of fat. I believe the only benefit to be derived by consumptives from a residence in a warm climate, is the greater probability that they will pass much of the time in the open air, with which, want of resolution will interfere in our inclement region. There is a very decided reason, too, in favor of cold climates, which is, that oils and fats will be better borne and taken with greater readiness than they can be within the tropics.

Remaining in his native land, the consumptive may exchange a low and moist situation, if he happens to live in such a one, for airy mountain regions; and a thorough protection of the surface of the body will secure him from the evil effects of the severe and sudden changes in the weather to which he is here exposed. A lady who had tuberculous disease of several years' standing, with cavities in the lungs, who had passed the preceding two winters in one of the southern States, consulted me, in the autumn of 1855, upon the propriety of returning there again for the next winter. In view of the opinion I have just expressed, I advised her remaining at home. She had a brother in the same condition. They remained in Vermont, and began a course of regular, active exercise out of doors. Riding on horseback, walking and driving, they spent rarely less than five hours a day in the open air. They drove in all weathers, and did not hesitate to go out in the evening. They were already taking cod-liver oil, which they continued. In a short time, they began to gain flesh and strength, and were much less troubled

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with cough. The lady was able to walk with much less difficulty of breathing than before, and continued in better health, in every way, than she had been during the preceding winter. The cold air always irritated her throat; but in the autumn she began to wear one of Jefferson's respirators, and continued it through the winter, with complete relief to her throat, and decided general warmth. Tuberculous patients are not liable to have the cough increased by winter air, unless they have some inflammation of the larynx, or considerable bronchitis; and the respirator enables them to breathe any air, however damp. It is not adapted for rapid walking—worn thin, it is apt to produce dyspnoea where the lungs are extensively affected, but in riding there is no difficulty, and it has the advantage of keeping the whole body warm.

Although a dry atmosphere is the most favorable to phthisical patients, yet when they must reside in a damp locality, or the air is unusually moist from mist or rain, there is nothing gained by staying in doors. Active exercise and change of air are imperatively demanded, and there is far more lost than gained by confinement to the house in rainy weather. Dr. Hunt, of the *Buffalo Journal*, states the case in his usual pithy manner. He says: "The term exercise, in this connection, does not mean a gentle ride in a carriage on a pleasant day; it means hardship, positive hard work, involving fatigue and consequent good appetite, easy digestion and sound sleep. Neither should the patient avoid exposure to vicissitudes of weather at the expense of his digestive organs. It is far better to get wet in a storm than to sit all day by the coal-grate, and get a headache and loss of appetite thereby."

Hemorrhage, unless profuse or attended with inflammation of the lungs, does not require confinement and rest. Violent exercise is to be avoided—but riding on horseback or moderate walking is more likely to arrest than to increase it. Dr. Jackson relates the case of a gentleman who had frequent attacks of hæmoptysis, who adopted the practice of taking his gun, whenever bleeding came on, and going out to shoot for several days; which always relieved him, and the disease was eventually arrested. He died many years after, of an acute disease. Mr. Willis, in the *Home Journal*, speaks of his own treatment in similar circumstances. He always gets relief from a ride on horseback, when he has an attack of hemorrhage from the lungs.

A generous diet, including an abundance of fat food, and a liberal use of alcohol in some form, is indispensable to the successful treatment of tuberculous disease. Indeed, the cases which are complicated with loss of appetite or inability to digest food, are likely to resist all treatment, and are usually the most early fatal. A distaste for fat has been observed in persons of tuberculous diathesis, and those persons who cannot drink cod-liver oil, either from excessive disgust for it or because it is not borne by the stomach, present an unfavorable prognosis. The same observation has been made by Hutchinson, of London, in the *Medical Times and Gazette* of May, 1855. Dr. Chas. Hooker, in the *Trans. Am. Med. Assoc.* for 1855, expresses the opinion that in most cases of phthisis and the predisposition to it, "the avoidance of oily nutriment" is one of the prominent errors of regimen. Cod-liver oil is not now supposed to have any specific effect upon tubercular disease, except as being fat. It is administered in cases of this nature in preference to other oleaginous articles, because it is usually tolerated by the stomach better than any other. But it has been found by repeated trials that other oils, either vegetable or animal, have an equally good effect. Dr. T. Thompson reports a number of cases of phthisis treated with neat's-foot oil, with as good result as those in which cod-liver oil was used. Dr. Buckingham treated some cases in the Boston House of Industry with whale oil, with the same effects. The symptoms abated, the patients gained flesh and strength, and the physical signs improved; in some cases the bronchitis, which so generally accompanies tubercular disease, subsiding entirely.

Dr. Garrod, in the *British and Foreign Medico-Chirurgical Review* for Ja-

nuary, 1856, gives the results of the treatment of 53 cases by Dr. Thompson, with cocoa-nut oil; 34 were materially benefited, 8 remained stationary, and 11 became worse—results as good as from the use of fish-oil, as the cases probably included all varieties and stages of the disease. He found, however, that the vegetable oil was not so well borne by the stomach. One patient, whose changes in weight are reported, gained $4\frac{1}{2}$ pounds in sixteen hours while taking cod-liver oil. No oil of any kind was taken for the next five days, and he lost one pound. He then took cocoa-nut oil for six days, and gained $3\frac{1}{2}$ pounds more. After a few days more, however, he began to suffer with nausea and disturbance of the stomach. The cocoa-nut oil was then omitted for a few days, when he returned to the fish-oil, and continued to take it without difficulty, and to gain flesh. The writer states that in the majority of cases the cocoa-nut oil has been found to disagree after a while.

Physicians are generally agreed upon the value of cod-liver oil as a remedy for tubercular affections. Its beneficial effects appear to depend upon its free and long-continued use. Few cases fail to be more or less benefited by it, and there is upon record a sufficient number of well-authenticated cases of complete recovery under its use to give us strong hopes of success in incipient phthisis, where the position of the patient admits of suitable direction in the other means of treatment. The oil has been used with great advantage, also, in various scrofulous affections in children. Dr. Hays reported to the Philadelphia College of Physicians, in 1851, the results of his employment of it in all diseases of this class—particularly in strumous ophthalmia, in granular lids and scrofulous enlargement of the glands. In strumous ophthalmia and granular lids he had employed it in from 200 to 250 cases, and in most of them the benefit resulting from its use had been very striking; and the tendency to relapse, so common under other treatment, he had found to be removed by the use of the oil.—*Boston Med. and Surg. Journal*.

Apophisms on the Hygiene and Nursing of Infants. From the last edition of BOUCHUT's "*Traité Pratique des Maladies des Nouveaux Nés et des Enfants à la Mamelle.*" Translated by J. C. R., Dayton, O.

The child should be subjected to hygienic regulations from its cradle, in order to sustain its constitution if it is good, in order to ameliorate it if bad.

We must combat, in early infancy, the scrofulous, gouty, and syphilitic dispositions inherited from the parents.

A man with impure blood should never think of perpetuating his race.

A woman who becomes *enceinte*, should renounce those habits, pleasures and fatigues, which may exercise an evil influence upon the health of the fetus, if she wishes to give birth to a healthy child.

Bloodletting has a good effect upon gestation, but it should not be used unless plethora, local or general, is present.

Denial of the unreasonable caprices of a pregnant woman cannot have any influence upon the health of the infant.

A woman can and ought to nurse her child, if she is in good health, and if her parents or immediate relations are not scrofulous, consumptive, or cancerous.

There are women of good constitution unable, nevertheless, to nurse, for their milk is small in quantity, badly elaborated, and dries up from the slightest causes.

A woman in whom the mammary secretion is very active previous to her accouchement, is almost always a good nurse.

A mother who nurses can commence six or eight hours after the birth of the child.

A woman who nurses should not suckle the child oftener than every two hours.

An infant that takes the breast at regular intervals, sucks with more avidity than others, and drains the breast of all the milk it contains—and it

is the part last obtained which is the best, as it contains more cream than the first parts of the flow.

Between eleven o'clock at night and six or seven in the morning, a good nurse need only suckle the child once.

It is dangerous to take for a hired nurse a primiparous woman; she is necessarily inexperienced.

A good nurse is from twenty to thirty-five years of age, with brown hair, the gums bright red, the form inclined to *embonpoint*, the breasts well formed, firm, and marbled with bluish veins.

A nurse should not have any mark, recent or ancient, of scrofula or syphilis. The milk yellowish in the first month after birth and bluish white afterwards, is an alkaline emulsion formed of water and solid principles dissolved or suspended.

The butter is only suspended in the liquid; the other principles are dissolved.

The milk should be abundant to be profitable.

The first part of the milk drawn from the breasts is serous, the second part is thicker, and it is the last part of the draught which is the richest and the most charged with cream.

The milk (examined by the microscope) should be filled with globules, numerous, tolerably large, and well formed—for small globules, resembling dust, are a sign of its bad elaboration, and of its insufficiency.

Too few, or too many globules, are equally injurious.

The milk varies in its composition according to the idiosyncrasy, temperament, constitution, the time elapsed since the accouchement, the time since the last repast, the regimen of the nurse, the action of the genital organs, etc. etc.; but the differences are not so great as to modify the precept: "If the infant thrives then the milk is good."

The milk is altered in composition by the febrile state, and by acute and chronic diseases.

Fever diminishes the quantity of milk, reduces the number of its globules, and concentrates its solids in a smaller proportion of water.

The effect is the same, in different degrees, in all acute affections and in some chronic ones.

Pus is sometimes mixed with the milk in cases of abscess of the breast.

The influence of diseases upon the composition of the milk is not special and specific, for they all have the same effect, which is the same as that of fever.

The milk of a healthy nurse, which is too rich or too highly charged with solid elements, is indigestible, and causes diarrhœa.

Milk altered, reduced and impoverished by fever or by disease, also causes diarrhœa.

Milk altered in its composition by fever or disease does not always exercise an injurious influence upon the health of the child.

Whatever may be the cause of alteration in the composition of the milk, the result is always the same for the infant—the accidents which arise have always for their seat the digestive canals, and diarrhœa is always the consequence.

Milk which does not present any alteration appreciable to chemical analysis, may yet be altered in its intimate elaboration in such a manner as to make it an injurious aliment.

Spasms, or instantaneous convulsions, result ordinarily from changes caused in the secretion of milk by mental affections, too lively emotions and impressions, agreeable or painful, experienced by the nurse.

Mental impressions dry up, suddenly, the secretion of milk, or modify seriously the proportion of its solid elements.

The happiness which a woman feels in fulfilling her duties of nurse, is the cause of the internal sensation at the moment she is going to nurse the child, known as the *draught*.

The premature return of menstruation in a nurse modifies slightly the chemical composition of the milk, and injures its elaboration; but if the infant does not appear to suffer, which often happens, the nurse may be retained.

A nurse should abstain from sexual intercourse if she experiences great excitement.

A nurse should likewise abstain through fear of pregnancy, which modifies the milk in quantity and quality, so as to render it injurious to the child.

A change of nurses has no injurious effects when necessary to replace a poor one by a better.

The nurse should be changed as often as may be necessary.

Suckling, by mother or nurse, may give place to artificial feeding.

Feeding by the nursing-bottle is far inferior to suckling—although when well carried on it sometimes yields highly satisfactory results.

Artificial foods should be administered during the earliest periods of life, by means of the nursing bottle, filled with tepid milk diluted with barley-water or oat-meal gruel; afterwards with milk alone.

An infant needs nothing more than milk during the first months of life. At the age of six months it may commence to take light soups.

Greasy articles of food should not be given until after the first year.

The time of weaning should be fixed between the twelfth and twentieth month.

One of the periods of repose in the progress of dentition should be chosen for weaning—that which comes after the appearance of the first twelve or the first sixteen teeth.

Weaning should be commenced by keeping the child from the breast during the night.

After some weeks' separation from the mother at night, the child should be denied the breast in the day-time also, and it thus arrives at an independent existence.

Infants and children should be carried into the sunlight and open air in all kinds of weather.

Clothes which fit the body without constriction are preferable in all weathers to loose ones, which expose different portions of the skin to the cold.

Infants should be washed in tepid water every day, and as they become habituated to it, in water nearly cold.—*Western Lancet*.

Inunction in Scarlet Fever. By H. LINDSLEY, M. D., Washington, D. C.—As scarlet fever is now prevailing in various parts of the country, I desire to call the attention of the profession again to the value of inunction, as it has been termed, in the treatment of this disease, and for that purpose refer to an article inserted in your *Journal* of April 24th, 1850. A more extended experience (confirmed, too, by that of many friends in whose judgment I can confide) convinces me that all I said in that article is strictly true. The value of the remedy has, I think, been considerably overstated by Dr. Schneckman himself, but this is no reason why an important addition to our therapeutic resources in the management of this dreaded disease should be neglected.

In severe cases, I have almost invariably found it to give very great relief, in allaying the excessive heat and itching of the skin, and soothing the great nervous irritability of the patient. The skin should be kept saturated with the oleaginous application, and if two daily applications are not sufficient for this purpose, it should be used oftener. I have frequently directed its employment five or six times in twenty-four hours. I do not suppose it at all essential that the fat of bacon should always be prescribed, though as it is easy to procure it, it is the article I have generally employed. Some prefer equal parts of mutton tallow and olive oil.

I say nothing on the general treatment of scarlet fever, as the subject has been so often and so amply discussed.—*Boston Med. and Surg. Journal*.

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